

Name
in
Full

Bethany E. Alder

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

8

Accident or Suicide?

Died at <u>City, town</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>1</u>	Day <u>7</u>	Age <u>48</u>	Years <u>2</u>	Months <u>10</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>and.</u>			
Occupation <u>House wife</u>		Where Residing if not at place of death <u>City, Carroll</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>B. F. Alder</u>	Father's Birthplace <u>and</u>			
Father's Name <u>Bethany Alder</u>	Mother's Birthplace <u>and</u>				How related to deceased <u>daughter</u>
Mother's Maiden Name <u>Peggy Shanks</u>					
Name of person giving information <u>Willie F. Alder</u>					

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

Heart Failure

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

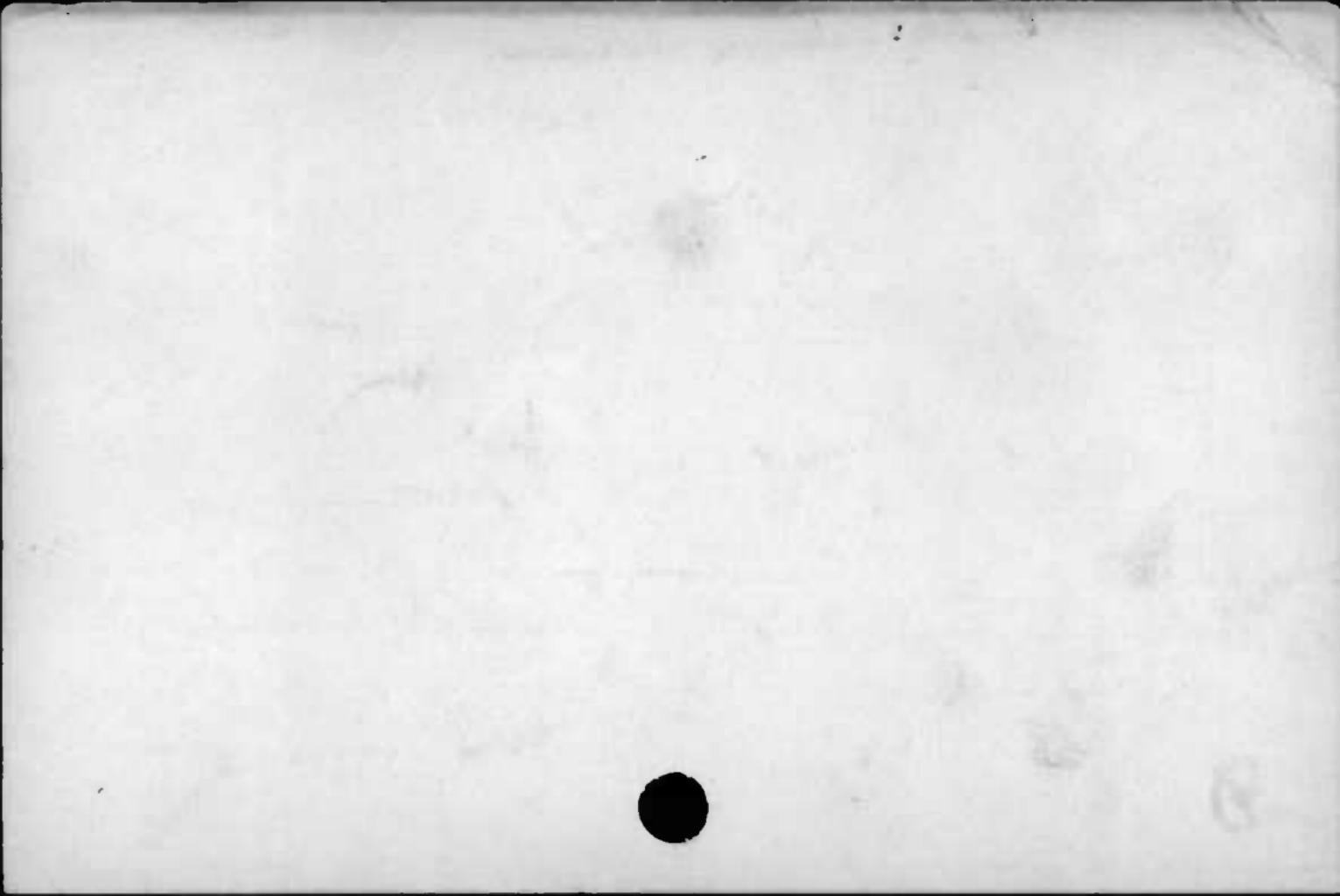
Signature of Physician

Address

D. W. Rush. M. D.

Brecksville

Ind



Name
in
Full

Vilmer Francis Andrew

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birthplace			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Samuel C. Andrew.			Barford Co. Md.		
Mother's Maiden Name	Olie R. James			Barford Co. Md.		
Name of person giving Information	Mrs C. C. Andrew			Brother		

CAUSES OF DEATH

30

How long

How long

PHYSICIAN
OR CORONER

Primary

Malnutrition. Got sick

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

William J. Rad
11 Washington St

John Burns Sons

Burial

Camp Chapel

Name
in
Full

Jew Aphyly

JAN 3 1907

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Phila B.C. & 11th

County Balto

MARYLAND

Date of death	Month	Day	Years	Months	Days
1907	1	11	58	-	-
Sex	male	Color or Race	white	Birth-place	Balto
Occupation	Labover	Where Residing if not at place of death Crangerville			
Married, Single or Widowed	Unknown	Name of Wife or Husband	Unknown	Father's Birthplace	Unknown
Father's Name	Unknown	Mother's Birthplace			
Mother's Maiden Name	Unknown	Unknown			
Name of person giving information	How related to deceased				

PHYSICIAN
OR CORONER



Primary

aphyly

CAUSES OF DEATH

(64)

How long

4 day

Immediate

lacerbral hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

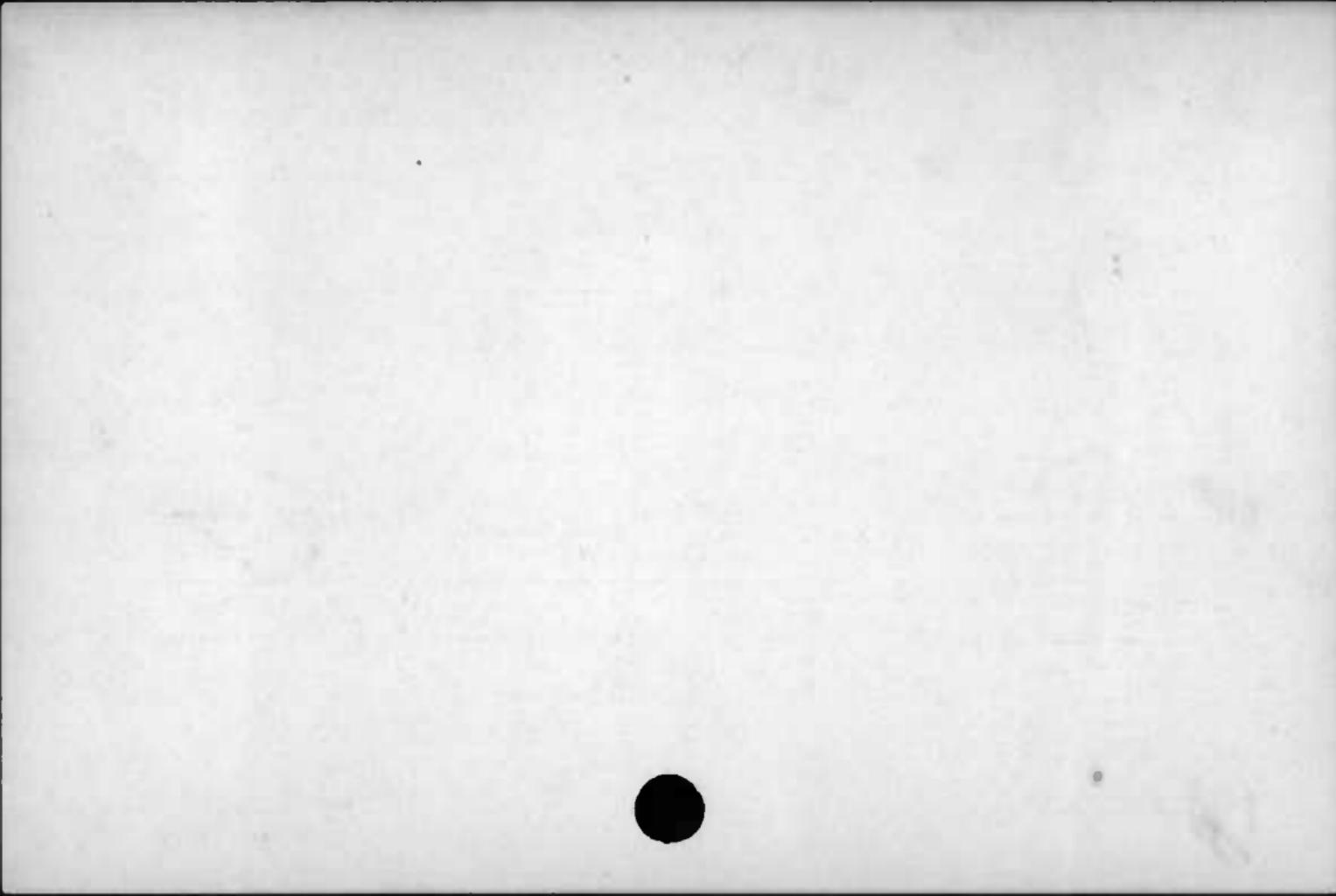
Signature of Physician

Address

A.S. Warner M.D.
1120 Highland Avenue

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

PA DUNIGAN
CORONER

Died at <u>Canton</u>		Born at <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>January</u>	Day <u>16</u>	Age <u>56</u>	Years <u>5</u>	Months <u>6</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Germany</u>			
Occupation <u>Laborer.</u>	Where Residing if not at place of death <u>815. Hare St.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Caroline Badke</u>	Father's Birthplace <u>Germany</u>			
Father's Name <u>Mr. Badke</u>	Mother's Birthplace				
Mother's Maiden Name <u>Mrs. Badke</u>	How related to deceased <u>wife</u>				
Name of person giving information <u>Caroline Badke</u>					

CAUSES OF DEATH

Primary	<u>Natural</u>	<u>(6)</u>	How long <u>Hours.</u>
Immediate	<u>Neuralgia of the Heart.</u>		How long <u>15 Minutes</u>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

PA Dunigan

Address

203 Toone St
Coroner

Accident or Suicide? Natural



Name
in
Full

Dr. Abraham S. Baldwin

CERTIFICATE OF DEATH

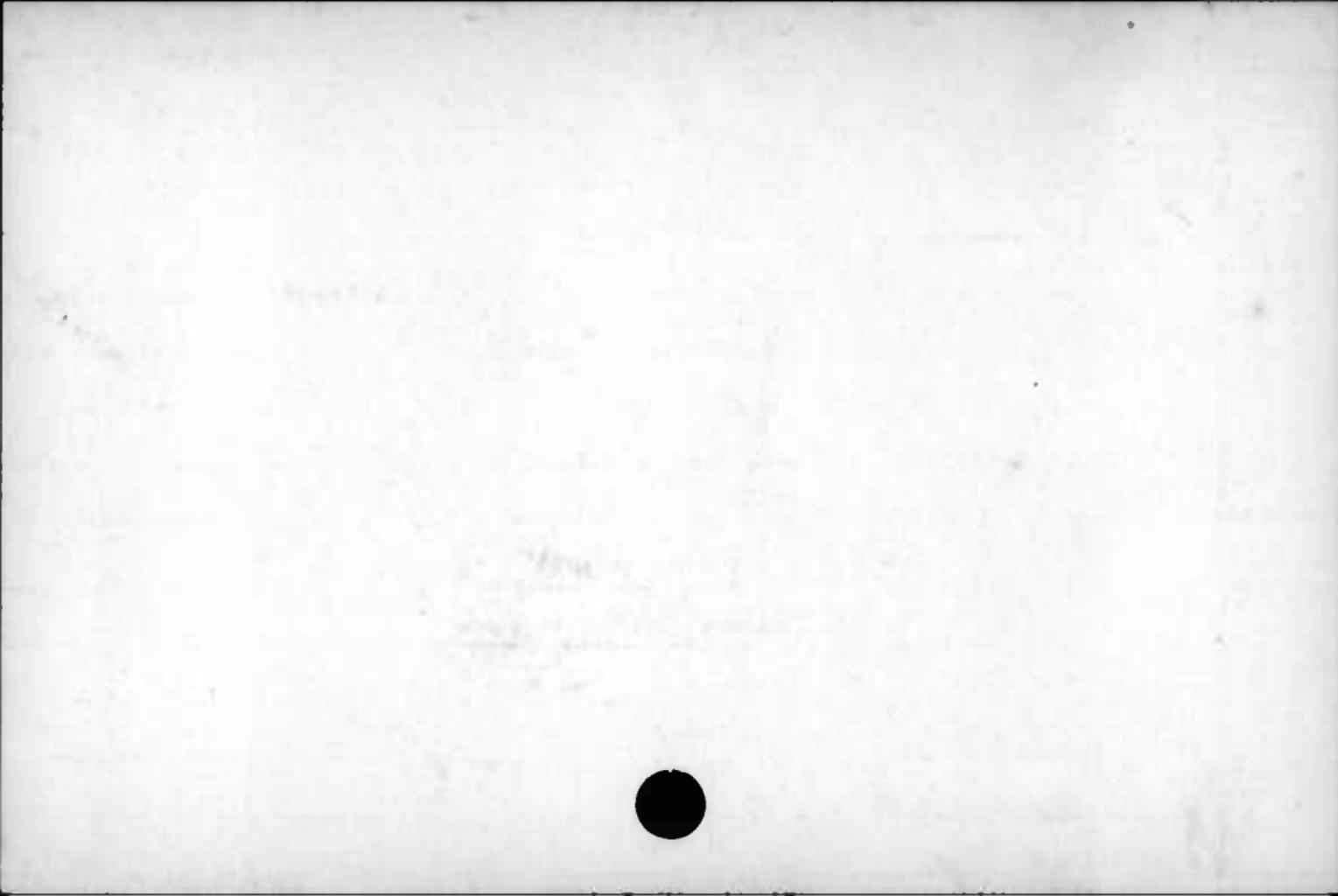
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Baldwin	Baltimore				
Date of death 1907	Month Jan	Day 9	Age 81	Years	Months	Days
Sex male	Color or Race white	Birth-place Harford Co.				
Married, Single married	Occupation Physician					
Name of Wife Husband Mr. Martha Baldwin						
Father's Name S. Baldwin			Father's Birthplace Harford Co.			
Mother's Maiden Name Unknown			Mother's Birthplace "			
Name of person giving information Clarence E. Baldwin			How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	2 years
Immediate	24 hours	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. G. H. Davis
		Address	Pleasantville Harford Co.
Accident or Suicide?			



Name
in
Full

Gwend Bayless

CERTIFICATE OF DEATH

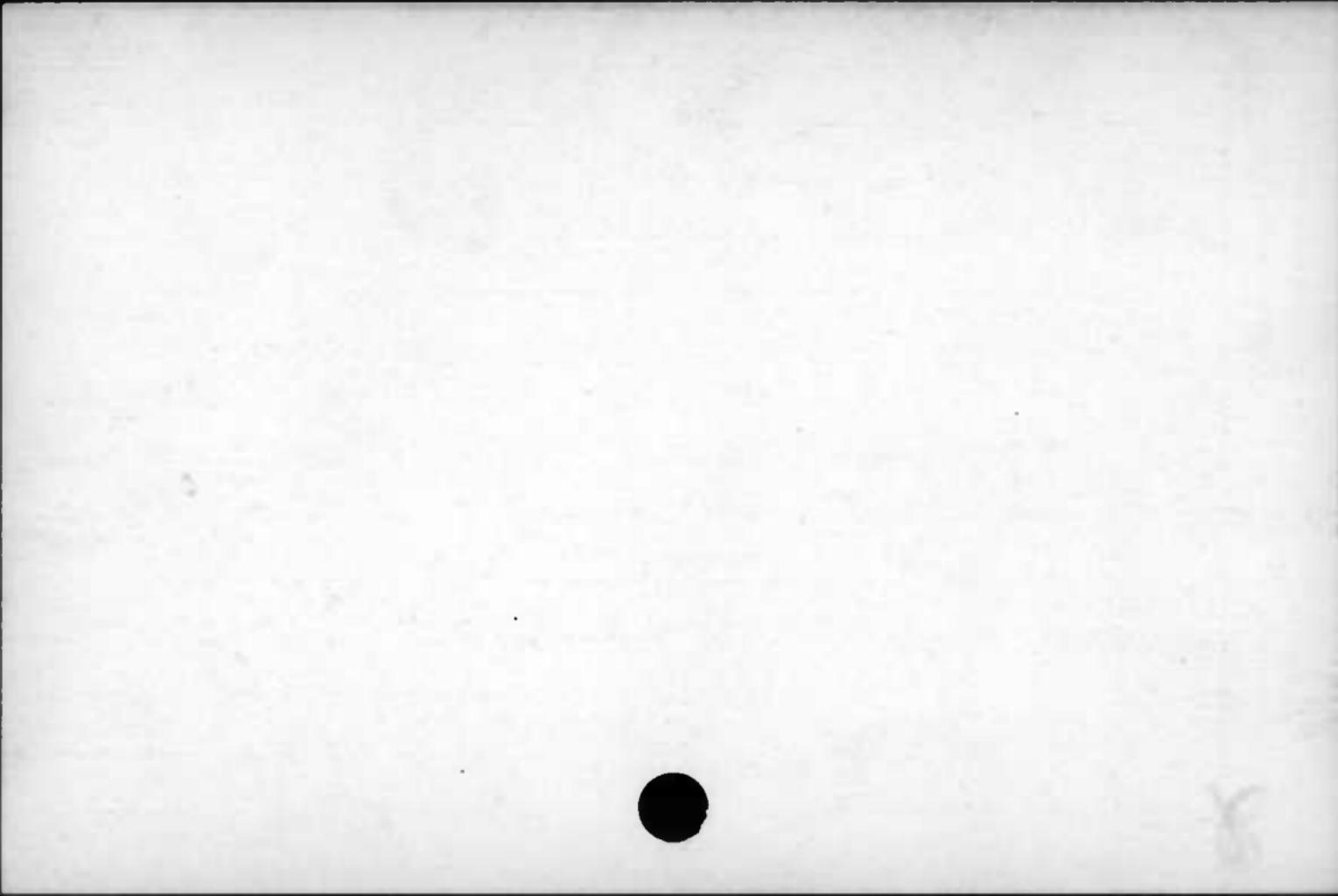
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1907	Say	30	Age 82
Sex	Male	Color or Race	Birth-place
Occupation	Merchant		
Married, Single or Widowed	Where Residing if not at place of death		
endow	✓		
Father's Name	Nicholas Bayless		
Mother's Maiden Name	Susan Sloane		
Name of person giving information	Harry Bayless		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Grip	How long	10 days
Immediate	Ex haemorrhage	How long	few days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John W. Harrington M.D.
		Address	1300 Park Avenue
Accident or Suicide?	W		



Name
in
Full

John Bayner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Jan	12	—	—	7
Sex	Male	Color or Race	white	Birth-place	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jacob Bayner				
Mother's Maiden Name	Katharine White				
Name of person giving Information	Jacob Bayner				

CAUSES OF DEATH

Primary

Edema

How long

1/2 day

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. Wallace
Rossdale Md

PHYSICIAN OR CORONER

8

Accident or Suicide?



Name
in
Full

Not named Beard

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Shawan

Town

County

MARYLAND

Date
of death 1907

Month 1

Day

Years

Months

Days

Age

Sex Male

Color or
Race

black

Birth-
place

Shawan Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Edward Beard

Father's
Birthplace

Montana Md

Mother's
Maiden Name

Charlene Johnson

Mother's
Birthplace

Oregon Md

Name of person giving
Information

"

"

150

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Impaired closure of foramen

How long

24 hours

Immediate

Ovale hemorrhage of lungs

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. Frank M.D.
Gulden Md

8

Accident or Suicide?



Name
in
Full

Lillian R. Beckord

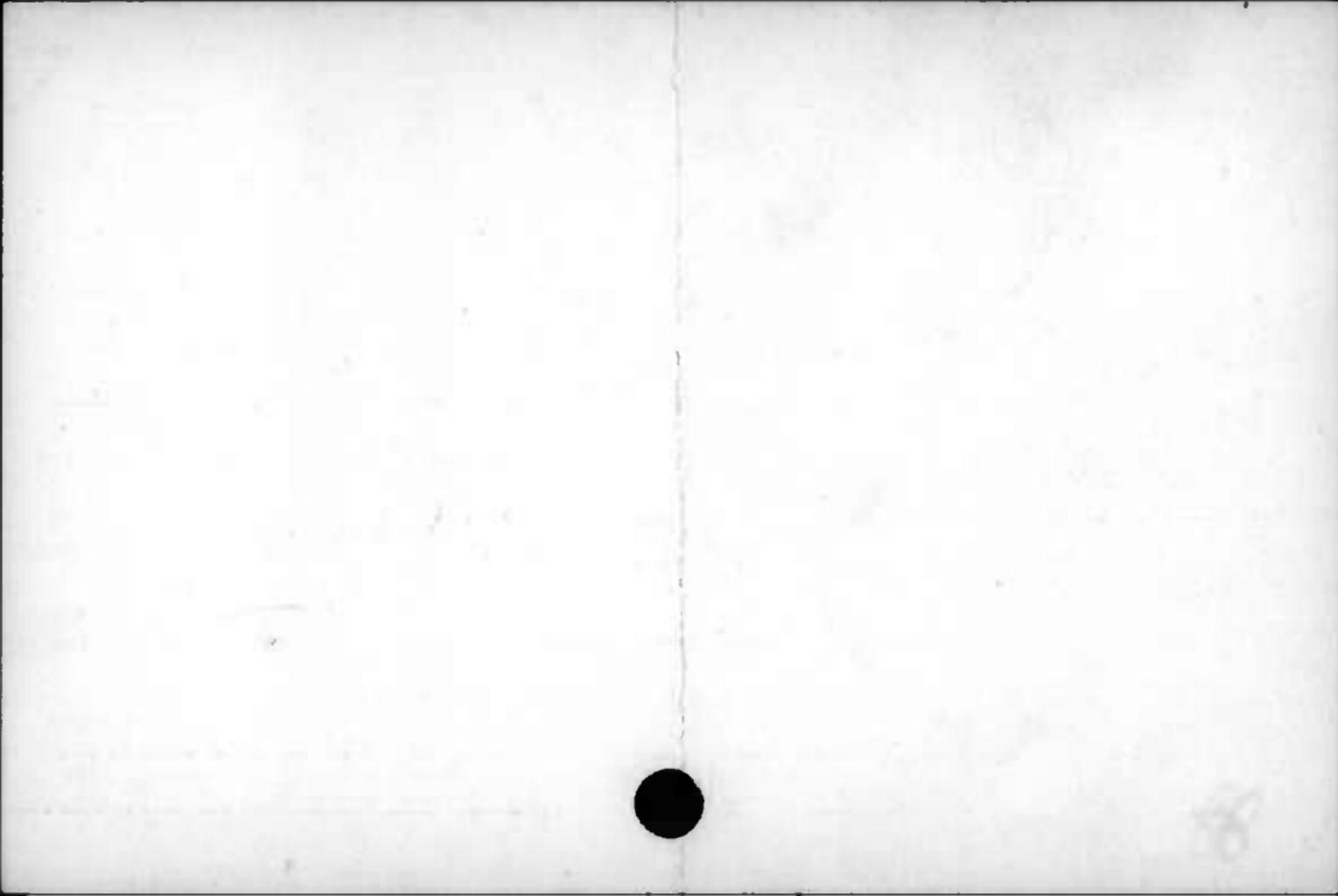
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Balto Co
Occupation	Housewife	Where Residing if not at place of death Rockeyville			
Married, Single or Widowed	Single	Name of Wife or Husband	Walter P Beckord	Father's Birthplace	Balto Co
Father's Name	Chenoweth Bradford	Mother's Maiden Name	Barbara Emory	Mother's Birthplace	Balto City
Name of person giving information	Walter P Beckord	Now related to deceased Husband			
CAUSES OF DEATH					

Primary Pulmonary Tuberculosis How long 16 months
Immediate Pulmonary Tuberculosis How long 18 months
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Dr B. P. Beckord
Address Rockeyville Md
Accident or Suicide? Neither



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Aubrose Behn		JAN 4 1907	CERTIFICATE OF DEATH	
Died at		Town	Baltimore	City	MARYLAND	
Date of death 1907	Month	Day	Age 42	Years	Months	Days
Sex	Male	Color or Race	white	Birth- place	Baltimore	
Occupation	Laborer.		Where Residing if not at place of death	2103 E Chase		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	unknown		Father's Birthplace	unknown		
Mother's Maiden Name	unknown		Mother's Birthplace	unknown		
Name of person giving Information	Lizzie Kayer		How related to deceased			

CAUSES OF DEATH

Primary

Natural

10

How long

Immediate

Heart Disease

✓

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

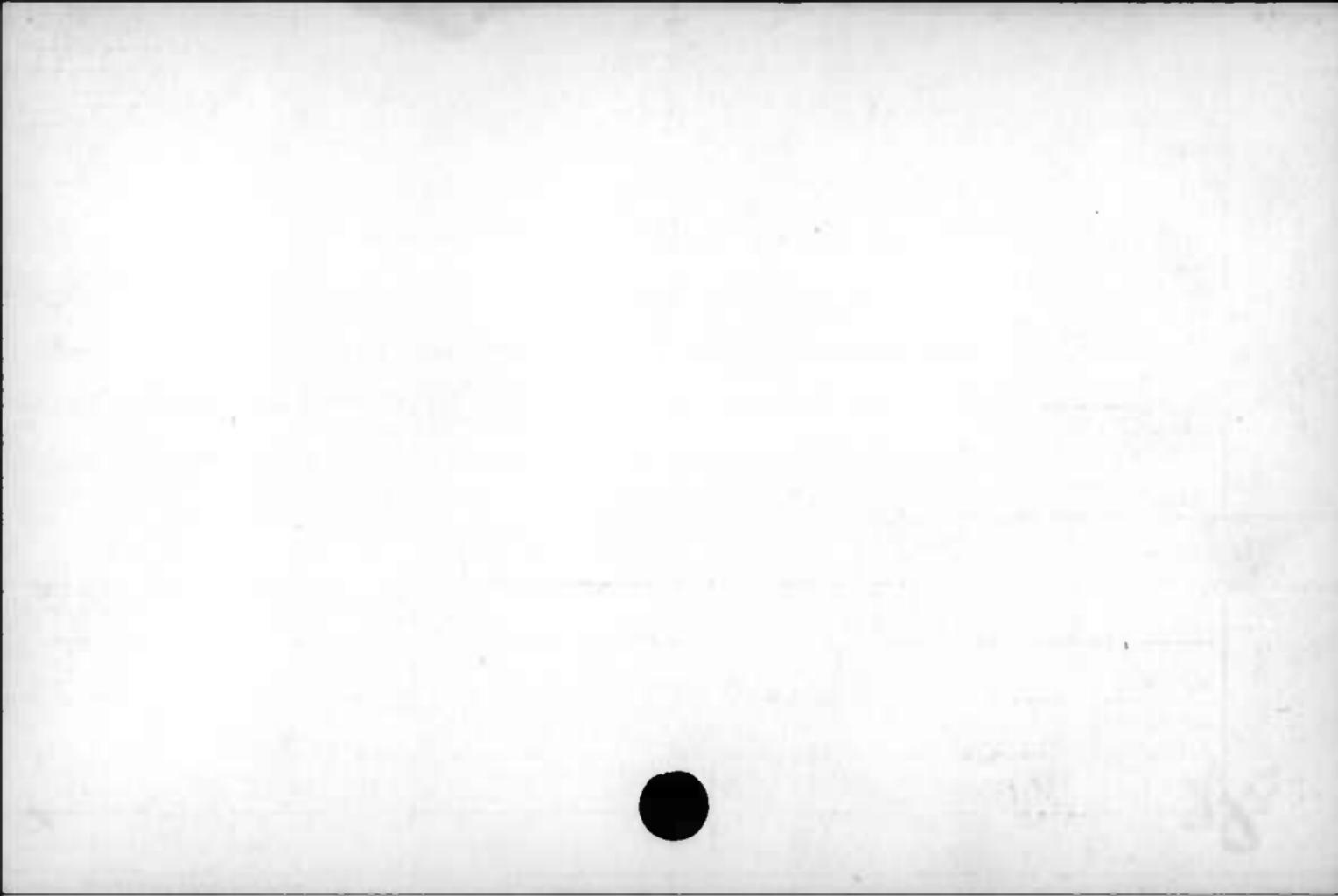
P.A. Dymigan

Address

203 Toole St.
Coronet

Accident or Suicide?

Natural



Name
in
Full

Elijah T Benson

CERTIFICATE OF DEATH

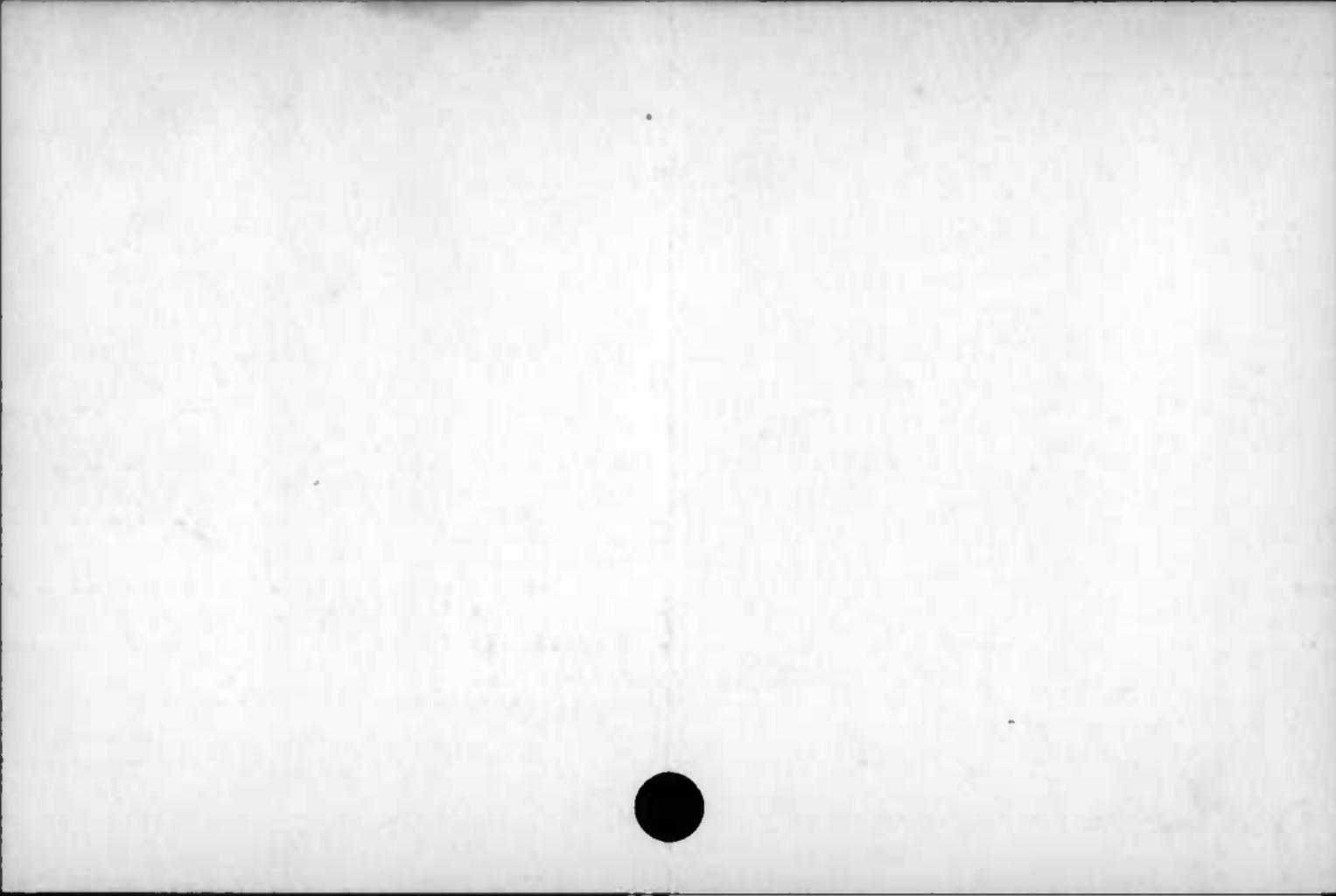
TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Arcadia	Baltimore		
Date of death 1907	Month 1	Day 14	Years 72
Sex Male	Color or Race White	Birth-place Md.	Days
Married, Single or Widowed Married	Occupation Farmer		
Name of Wife or Husband Wife, nee Rebecca Fowble			
Father's Name Elijah Benson	Father's Birthplace Md.		
Mother's Maiden Name Margaret Fowble	Mother's Birthplace Md.		
Name of person giving information Neighbor	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary La Grippe	How long 10 days
Immediate Pneumonia	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. J. B. Wilson M.D.
Address 1026 Wilson M.D.	
8.	
Accident or Suicide?	



Name
in
Full

John Lawrence Benton

JAN 5

1907

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	North Point	Town	Baltimore	County	MARYLAND		
Date of death 1907	January	Month	23	Day	Years	Months	Days
Sex Male	Color or Race white	Age	Birthplace Md				
Occupation	Where Residing if not at place of death North Point						
Married, Single or Widowed Single	Name of Wife or Husband						
Father's Name B. F. Benton	Father's Birthplace Md						
Mother's Maiden Name D. Celia Benton	Mother's Birthplace "						
Name of person giving Information B. F. Benton	How related to deceased Father						

CAUSES OF DEATH

Primary

Accident

(176)

How long

30 Minutes

Immediate

Suffocation

How long

30 "

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

P.A. Dunnigan

Smothered in bed by lying on his face.

Address

203 Boone St

Accident or Suicide? Accident

Borover

PHYSICIAN
CORONER
John Lawrence Benton



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Katherine Bergman.

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month	Day	Age	Years	Months
Sex	Female	Color or Race	White.		Birth-place	Hennaray.
Occupation	Housewife	Where Residing if not at place of death			343 Beulahow St.	
Married, Single or Widowed		Name of Wife or Husband				Father's Birthplace
Father's Name	Geo Main Hart			Hennaray.		
Mother's Maiden Name	Maggie Kulakos.			Mother's Birthplace		
Name of person giving information	Decured			How related to deceased		

CAUSES OF DEATH

Primary

Cryptopelias.

(S)

How long

Immediate

Exsanguination

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

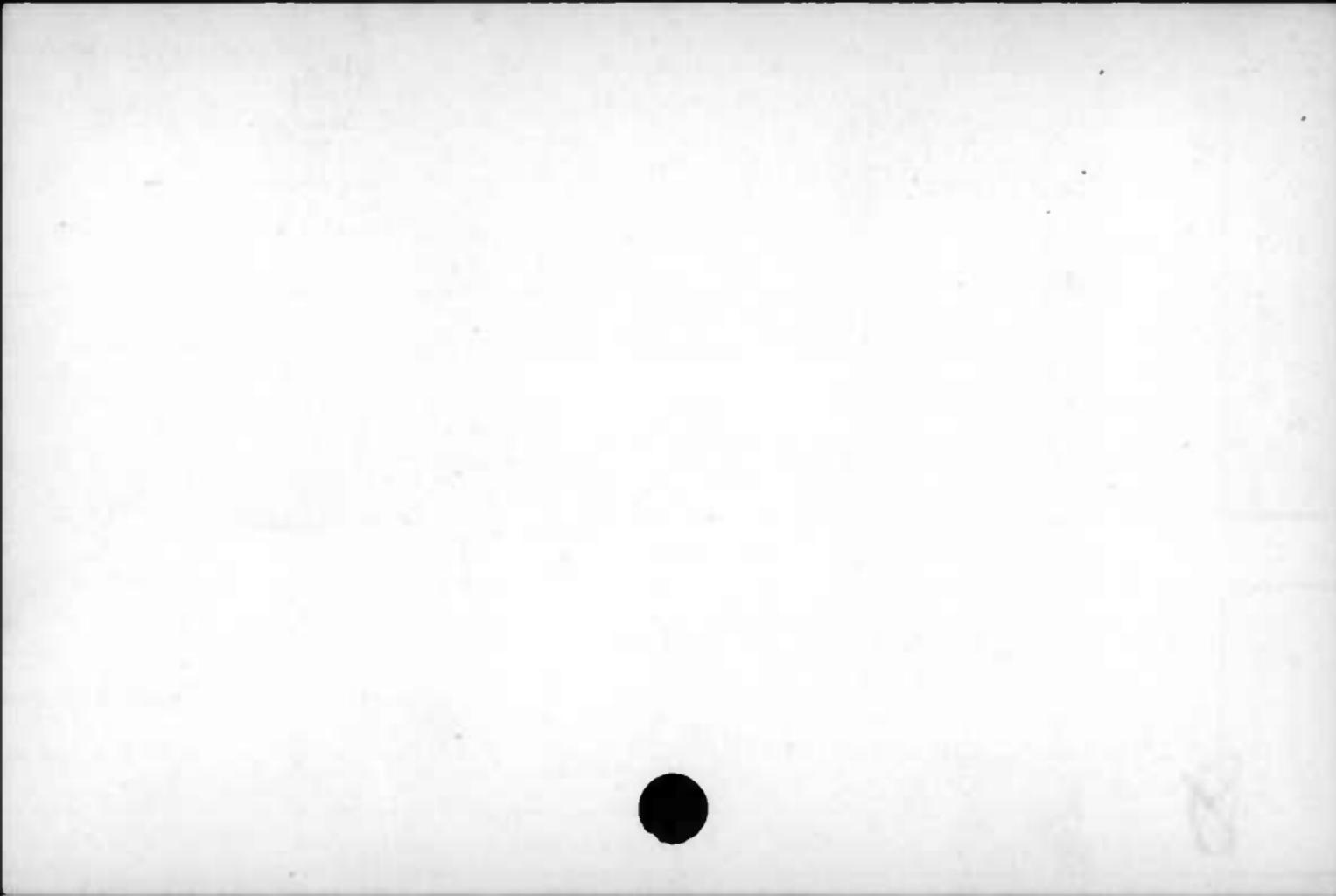
Signature of Physician

Address

Dr Shear
87 Agnes Hospital

S

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

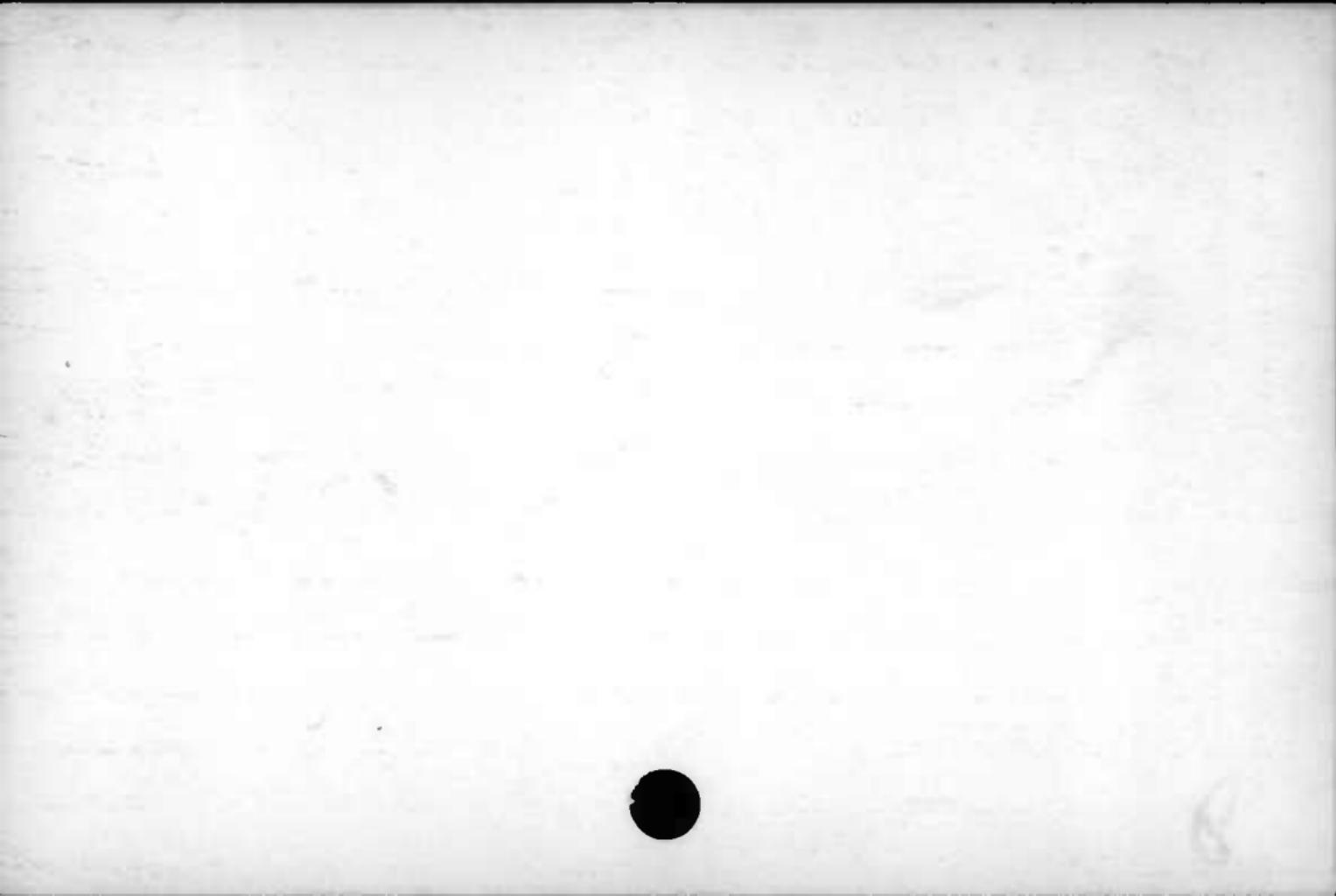
Laura Francis Berry

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Jan.	28	Age 47	5-	1
Sex	Female	Color or Race	colored	Birthplace	Maryland
Occupation	Houswife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Alyanda Berry		
Father's Name	John Evans		Father's Birthplace	Md.	
Mother's Maiden Name	Susan Arms		Mother's Birthplace	Md.	
Name of person giving Information	Willie Berry (29)		How related to deceased	Son	
CAUSES OF DEATH					
Primary	Tubercular ulcers of intestine			How long	10 weeks
Immediate	Ranunc			How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Willard Stirling
		Address	Shane Md
Accident or Suicide?			



Name
in
Full

Margaret Blizzard

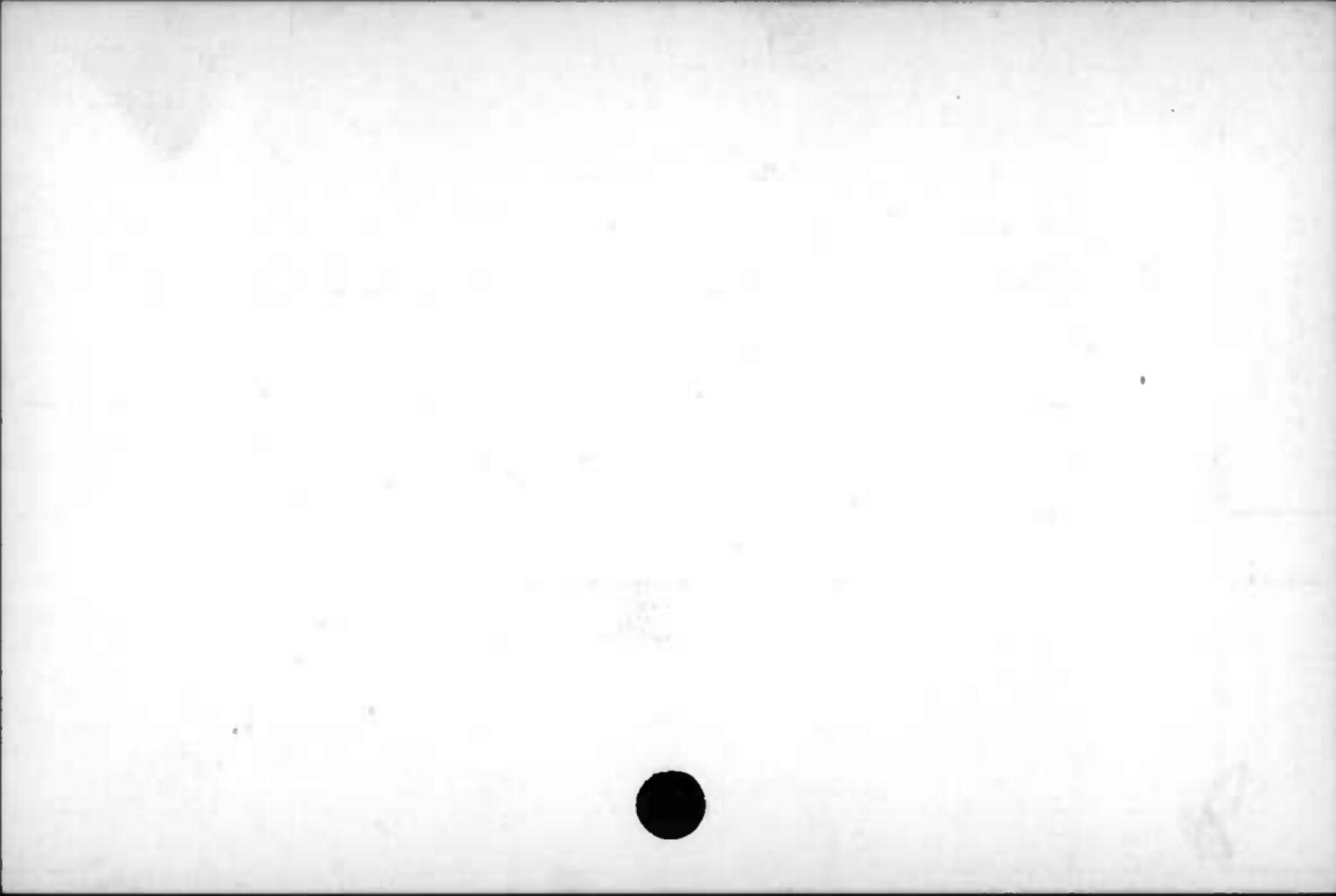
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at	County		MARYLAND	
McHope Retiria	Baltimore			
Date of death 1907 Jan	Month 7 Jan	Day 28 th	Years Age abt 52 -	Months unknown
Sex Female	Color or Race	White	Birth- place	Maryland -
Occupation Wife of Farmer	Where Residing if not at place of death		Boring P.O. Baltimore Co. Md.	
Married, Single or Widowed Widow	Name of Wife or Husband		unknown	
Father's Name unknown			Father's Birthplace	unknown
Mother's Maiden Name "			Mother's Birthplace	"
Name of person giving Information Reed, McHope Retiria	(68)		How related to deceased	Widow

CAUSES OF DEATH

Primary Terminal Dementia - Poor Ch. Maria	How long over 17 years
Immediate Cardiac Paralysis -	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address
OR CORONER	Frank J. Flannery MD McHope Retiria - Baltimore Co. Md.
accident or Suicide?	



Name
in
Full

Maria Boettigheimer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Josiah Boettigheimer	Father's Birthplace	Germany		
Mother's Maiden Name	Hurvette Blumlein	Mother's Birthplace	Germany		
Name of person giving information	Maria Boettigheimer	How related to deceased	Sister		

CAUSES OF DEATH

PARTICULARS
OR CORONER

Primary

Cystitis - ~~3 years~~ 3½ years

(33) How long

Immediate

Tuberculosis of left kidney 6 months

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address

~~Operated on lot 3-3½ yrs~~

Jacob Ahrens Co —
Hart Saini Cemetery

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

CAUSES OF DEATH

Primary

Diphtheria

9

How long

6 days.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

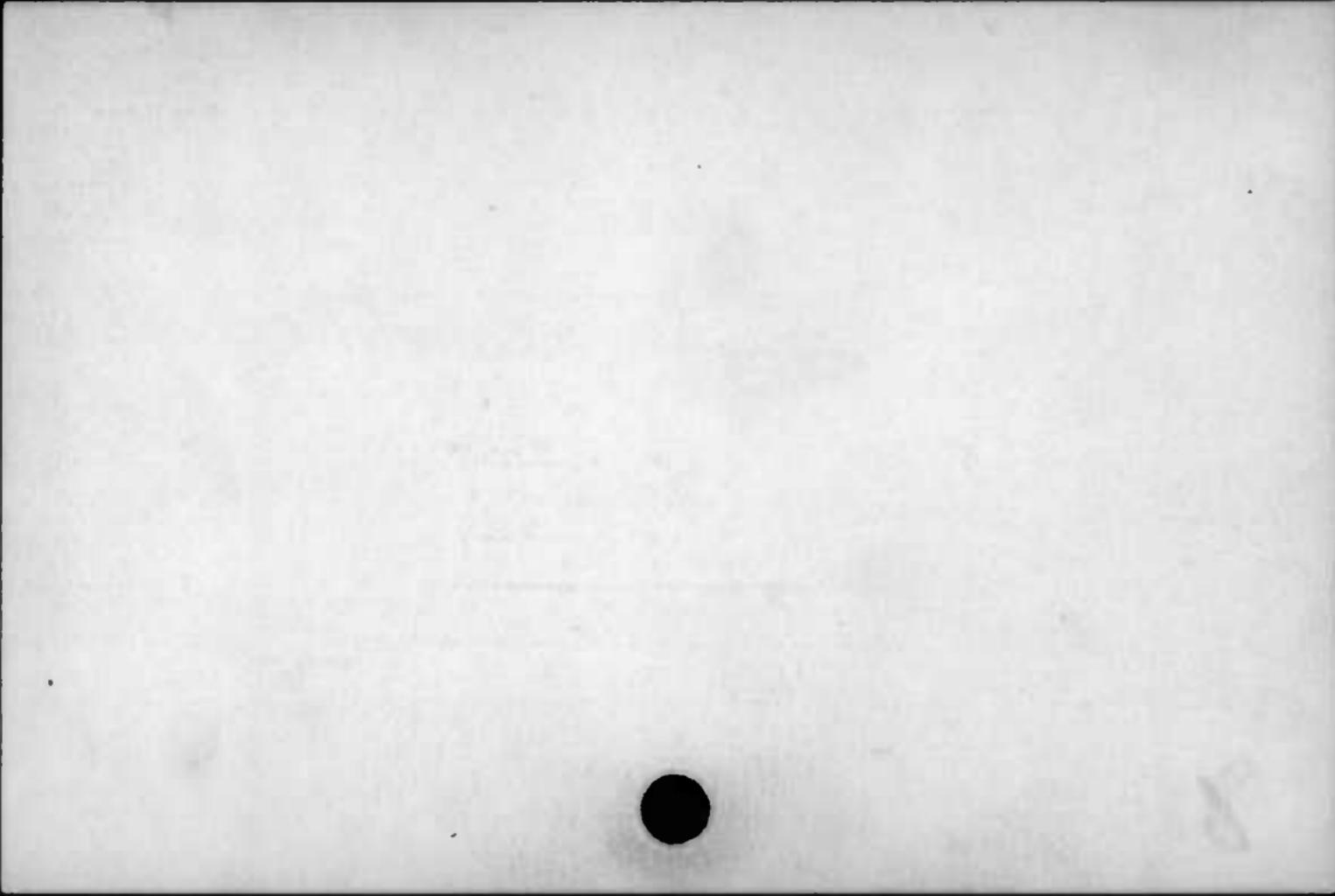
Address

Jas L. Yagle,
New Freedom,

Pa.

Accident or Suicide?

8



Name
in
Full

Infant Boltby

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Glyndon	Baltimore	Months	Days
Date of death	1907	Month	Jan	Day
		Age	still born	
Sex	Male	Color or Race	white	Birth- place
Occupation	None	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Agustas Boltby	Father's Birthplace		
Mother's Maiden Name	Florence Walter	Mother's Birthplace		
Name of person giving Information	Elmer Walter	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long *x*

Immediate How long *x*

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

*Thorburn
Glyndon*

Accident or Suicide?



Name
in
Full

Susanna Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Female	Color or Race	white	Birth-place	Baltimore
Occupation	None	Where Residing if not at place of death <i>1st Ave & 8th Banta</i>			
Married, Single or Widowed	Widow	Name of Wife or Husband	J. Oliver Bowers	Father's Birthplace	Ind
Father's Name	Ed. North	Mother's Maiden Name	Matilda Bynum	Mother's Birthplace	Ind
Mother's Maiden Name	Matilda Bynum	Name of person giving information	Jamie Bowers	How related to deceased	Son

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Pneumoniae

93

How long

8 days

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. Warner
1120 Highland Av.

8

Accident or Suicide?

No

Mr. Carmel Keen
Hennig & Son
1008 Orleans St.

2/2/07

Name
in
Full

Elizabeth A Brayshaw

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

1907 Jan 23 63 1 15

Female White Franklintown Hickoryville

Housewife John T. Brayshaw

Obtua Zimmerman Balto Co.

Elizabeth Skurrie Balto Cr.

William Brayshaw Son.

CAUSES OF DEATH

PHYSICIAN
ON CORONER

Primary	Carcinoma of Uterus		How long
Immediate	Cardiac Arrest		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. C. Snick
		Address	Woodlawn Sta. Md.
Accident or Suicide?	—		



Lorraine Cemetery
January 25 1917
Jos B Cook

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Seward Briggs				CERTIFICATE OF DEATH			
1023 S. Clinton St., Died at Canton		County Baltimore		MARYLAND			
Date of death	1907	Month Jan	Day 28	Age 24	Years	Months 2	Days 10
Sex	Male	Color or Race	Colored	Birth-place	Va		
Occupation	Laborer			Where Residing if not at place of death	1023 S. Clinton St., Canton		
<input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Widower		Name of Wife or Husband		Father's Name	Va		
Father's Name	Benjamin Briggs			Father's Birthplace			
Mother's Maiden Name	Mollie			Mother's Birthplace			
Name of person giving information	Bernard			How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

Ninety days

Immediate

"

about 8 months

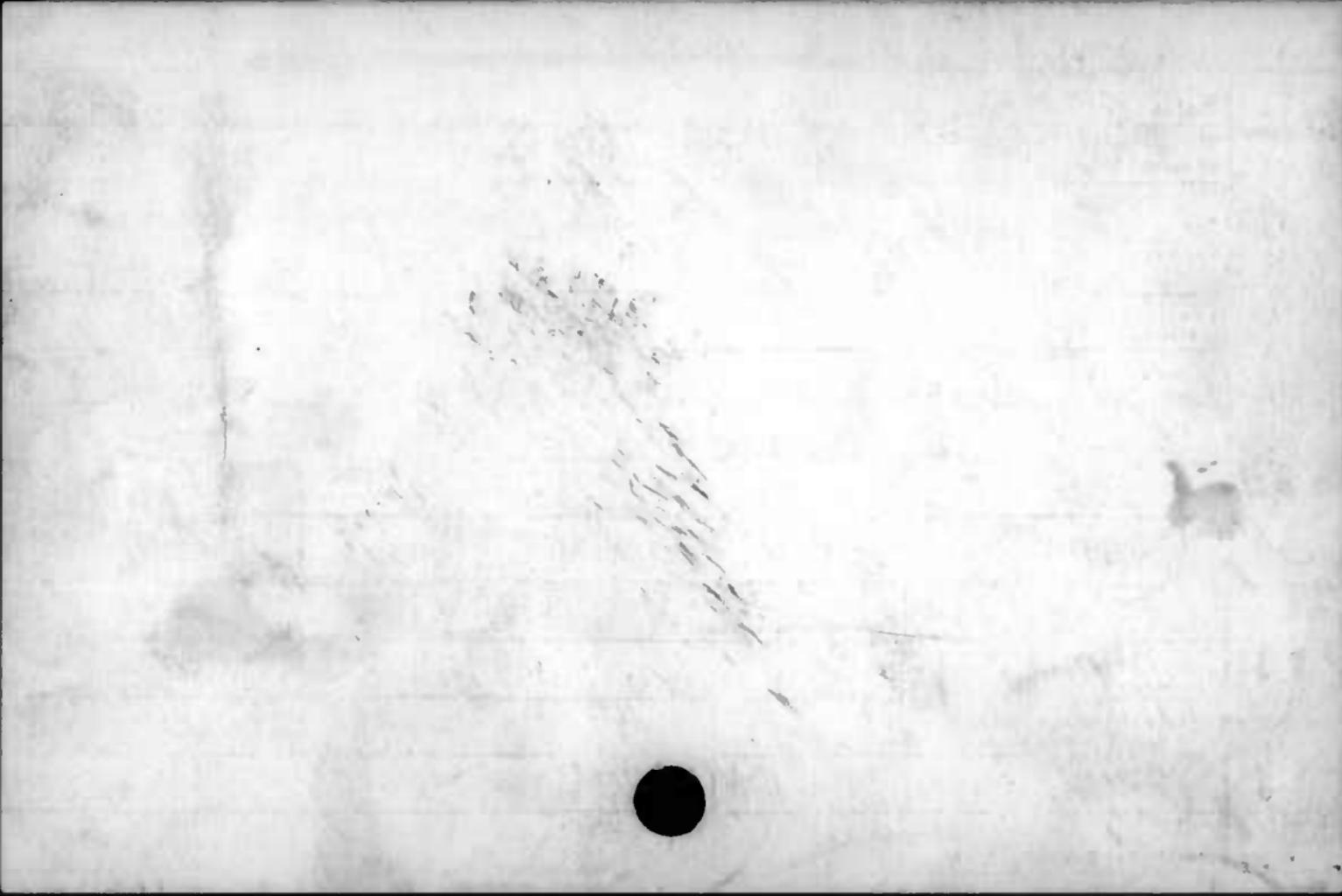
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Lottie Beatrice Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Towson County Baltimore
Date of death 1907 Month Jan. Day 27 Years 4 Months _____ Days _____
Sex Female Color or Race Black
Occupation - Birth-place Prince Geo. Co. Md
Where Residing if not at place of death -

Mariet, Single or Widowed

Name of Wife or Husband

Father's Name

Saulisbury Brooks

Father's Birthplace

Md

Mother's Maiden Name

Mary West

Mother's Birthplace

Md

Name of person giving information

Saulisbury Brooks

How related to deceased

sister

CAUSES OF DEATH

Primary

Typhoid fever

How long

5 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

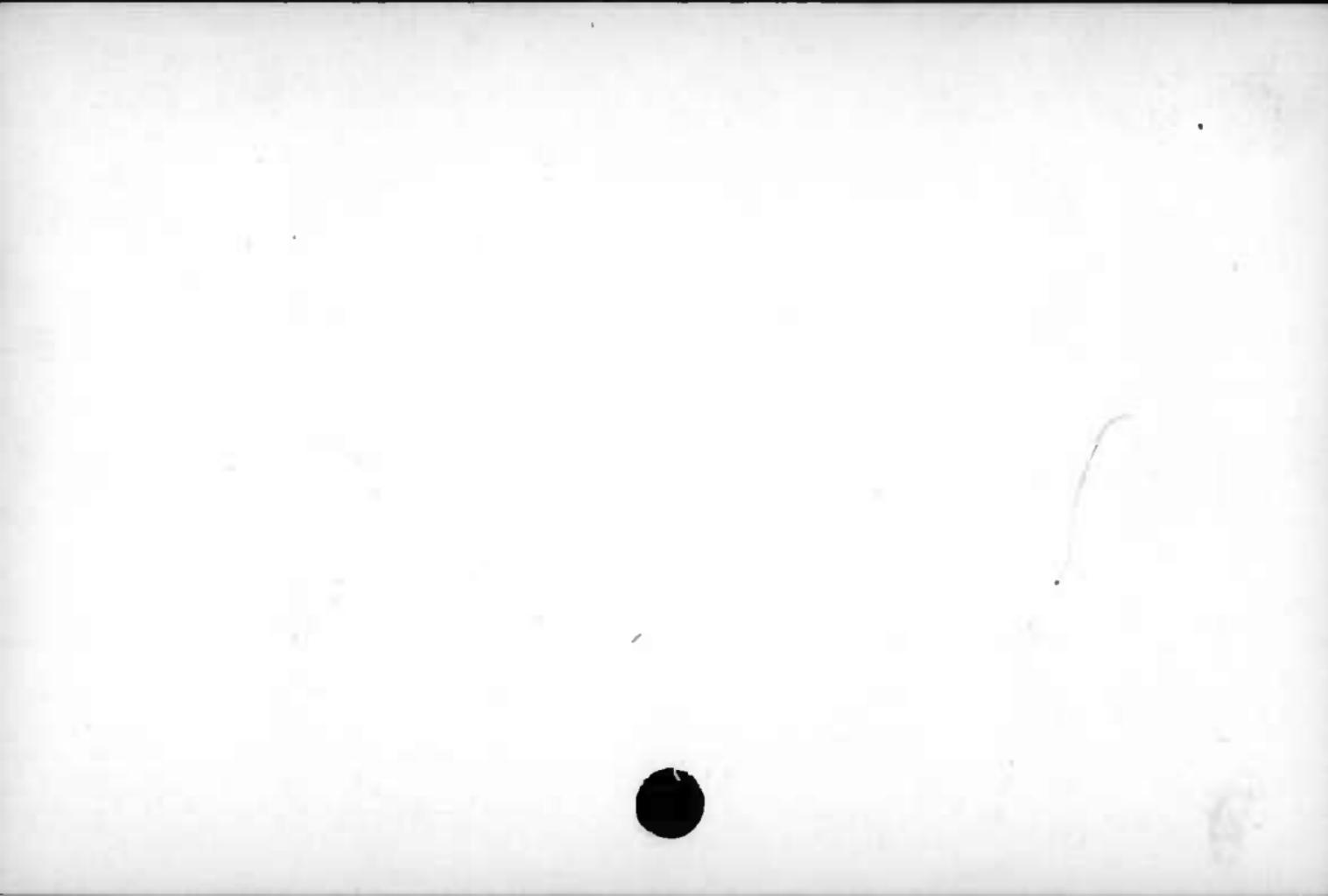
Address

C. R. Witterson
Elkridge, Md.

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

Mary A Broome

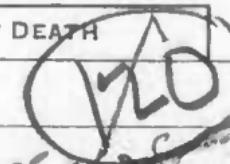
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month 1	Day 30	Age 77	Years	Months	Days
Sex	Female	Color or Race	White	Birthplace Ballito			
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Singli	Name of Wife or Husband		—			
Father's Name	Henry Broome			Father's Birthplace	England		
Mother's Maiden Name	Francia Miller			Mother's Birthplace	Del		
Name of person giving Information	John M Broome			How related to deceased	Brother		

CAUSES OF DEATH

Primary *Albununna*  How long *10 years.*
Immediate *Convulsion (Paroxysm)*  How long *2 days.*
Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician *W. L. Bogart*
Address *Arlington.*

8

Accident or Suicide?

Mt Oliver Penn
Jos 13 Cook Undertaker

Name
in
Full

James M. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Pikesville	Baltimore		
Date of death	Month	Day	Years Months Days
1907	1	8	Age _____
Sex	Color or Race	Birth-place	
Male	White	Pikesville	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Pikesville	
Single			
Father's Name	John M. Brown		
Mother's Maiden Name	Annie C. Cheney		
Name of person giving information	John M. Brown		
Father's Birthplace Baltimore			
Mother's Birthplace			
How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Mal nutrition

(15)

How long

Since birth-

Immediate

Exhaustion -

How long

few days -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Henry A. Naylor -
Pikesville

Md.

Accident or Suicide?

8

Stone Chapel

Name
in
Full

James Brown

JAN 6

1907

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Male	Color or Race	Birth-place
Occupation	Unknown	Where Residing if not at place of death	
Married, Single or Widowed	Unknown	Name of Wife or Husband	Unknown
Father's Name	Unknown	Father's Birthplace	Unknown
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown
Name of person giving Information	Dr. Bussay	How related to deceased	None

CAUSES OF DEATH



How long

How long

do not know

Primary

Inflammatory Rheumatism

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. T. C. Bussay

Texas P
Md.



Accident or Suicide?

Interment at St James
Monday Jan 21

W. C. Brooks

Name
in
Full

Thelma R. Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Town near Ellicott City

County Baltimore.

MARYLAND

Date Month Day Years Months Days
of death 1907 Jany 1 - 2 -

Sex Female Color or Race white Birth-place Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

George B. Brown

Father's
Birthplace

Maryland.

Mother's
Maiden Name

Grace R. Keen

Mother's
Birthplace

Maryland

Name of person giving
Information

Grace R. Brown

How related
to deceased

Mother

CAUSES OF DEATH

(51)

Primary

Inhalation

How long

1 month

Immediate

Inhalation

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. C. Stroh

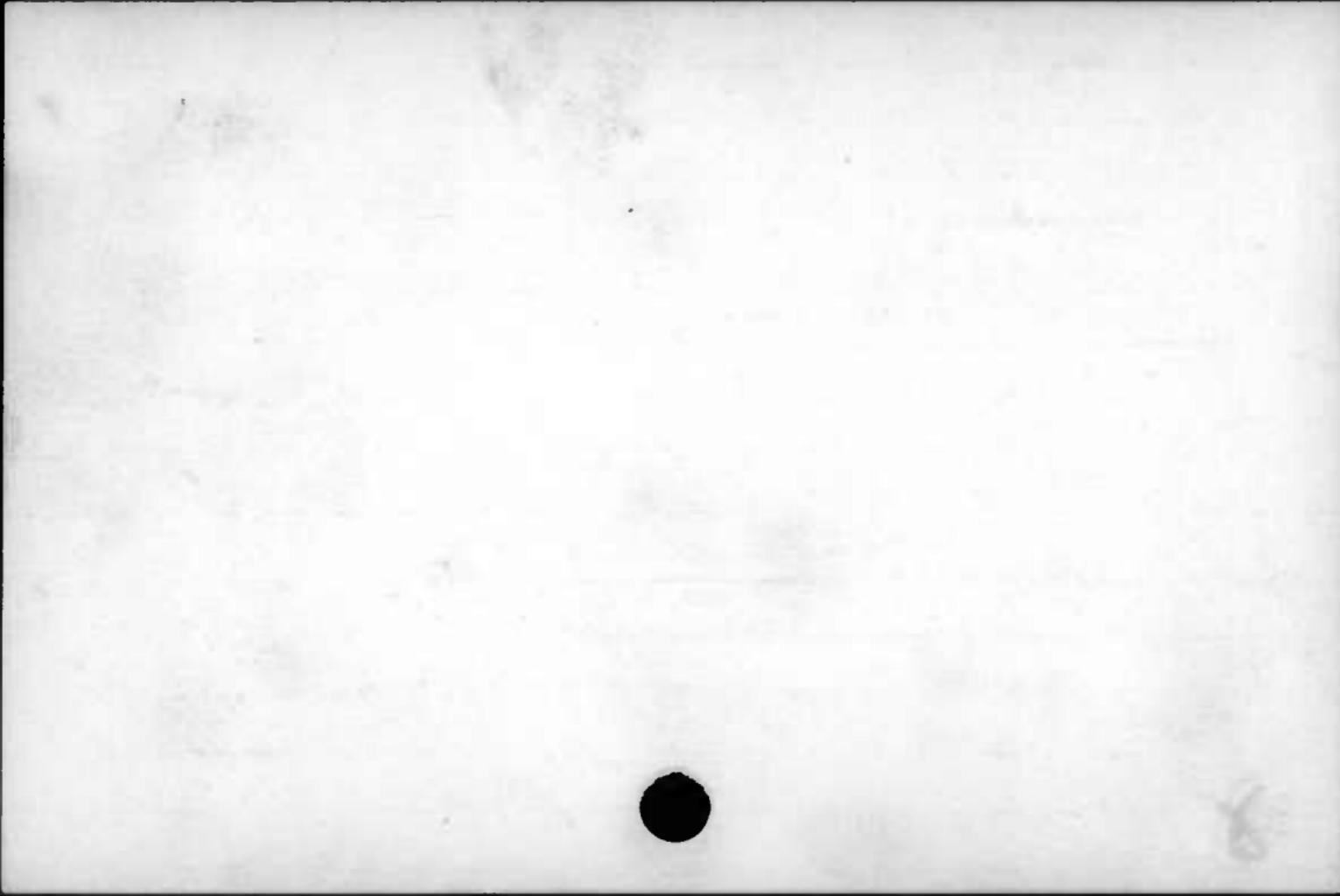
Address

Ellicott City

PHYSICIAN
OR CORONER

8

Accident or Suicide?



Name
in
Full

Margaret R Bruins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	55	3	25		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Husband	Joseph H. Bruins					
Father's Name	Paul Kunkel					Father's Birthplace	Germany
Mother's Maiden Name	Mary Eva Kunkel					Mother's Birthplace	Germany
Name of person giving Information	Beij Bruins					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hypertension - Dementia.	How long	18 years
Immediate	Inanition - Exhaustion	How long	3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R G. Masseybury

Address

Gaithersburg

Yes

Accident or Suicide?

John Burns' Sons
Pawson

Burial

Monte Maria

Pawson

Name
in
Full

Eugene Burke

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary J. Burke	Father's Name	Baltimore	
Father's Name	Nicholas Burke		Mother's Name	Baltimore	
Mother's Maiden Name	Sarah J. Shipley		Father's Birthplace	Baltimore	
Name of person giving Information	Judge N. Chas Burke		Mother's Birthplace	Baltimore	
			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bulbar Paralysis (63)

3 1/2 years

Immediate

Adynamia

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Mrs. S. Shelyard
Parkside Inn,

8

Accident or Suicide?

St Mary's Gowanstown

Jan 38/07

H.C. Windfled

Name
in
Full

Wineford L. Burns

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Morrell Park Town Balto County
Date of death 1907 Month January Day 12 Age 1 Years
Sex Female Color or Race White Birth-place Md
Occupation - Where Residing if not at place of death -

Married, Single or Widowed Single Name of Wife or Husband -

Father's Name Wm P. Burns

Father's Birthplace Md

Mother's Maiden Name Elizabeth Bourgard

Mother's Birthplace Md

Name of person giving Information Wm P. Burns

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

accident (Burn)

How long 24 hrs

Immediate

Toxemia

How long 6 hrs

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Geo. S. M. Kipper
Morrell Park
Balto Co Md

Accident or Suicide?

8

Bonnie Brae

H. Sandor Sons

Name
in
Full

Oliver Carlton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Gorans town	Baltimore		Months	Days	
Date of death	Month	Day	Years		
1907	Jan	30	Age	78	
Sex	Male	Color or Race	White	Birth-place	New York
Occupation	Plasterer	Where Residing if not at place of death Gorans town			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name					
Mother's Maiden Name					
Name of person giving Information	Geo. C. Goldman				
How related to deceased Son-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	1 month -
Immediate	Exhaustion	How long	several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E.H. Duncan
Yes		Address	Gorans town Md
Accident or Suicide?			

J. Wesley Jackson & Son
Baltimore County

Name
in
Full

Barbara A. Chauvy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Jan	9 th	Age 74	11	-
Sex	Color or Race	Birth-place			
Female	Black	Baltimore Md.			
Occupation	Where Residing if not at place of death				
Housework	Baltimore				
Married, Single or Widowed	Name of Wife or Husband	Charles Chauvy			
Widow	George	Baltimore			
Father's Name	Moses Bowser	Mother's Birthplace			
Mother's Maiden Name	Lidia Rossell	Frederick			
Name of person giving information	Gelie Johnson	How related to deceased			
		Grand daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Influenza pneumonia		How long
	(X)		Four days
Immediate	Heart failure		How long
	(X)		Two days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address
		William D. Smith	Kilda Md.
Accident or Suicide?	<input checked="" type="checkbox"/>		

Alex Hensley
578 W Bioldel Rd
~~Bear Hill Cemetery~~

Name
in
Full

Clarence Charles Chaney.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County.			
Died at 97 Agnes Hospital	Baltimore.	MARYLAND		
Date of death 1907 Jan	Month	Day	Years	Months Days
7	22	Age 37	-	-
Sex Male	Color or Race White	Birth-place Maryland		
Occupation Barber Maker.	Where Residing if not at place of death 334 Bruce St.			
Married, Single or Widowed Married	Name of Wife or Husband Irene Chaney.	Father's Birthplace Maryland		
Father's Name J. Chaney	Mother's Birthplace Maryland			
Mother's Maiden Name Elizabeth Whitehead	Maryland			
Name of person giving Information Deceased.	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Death.

Immediate Coma.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

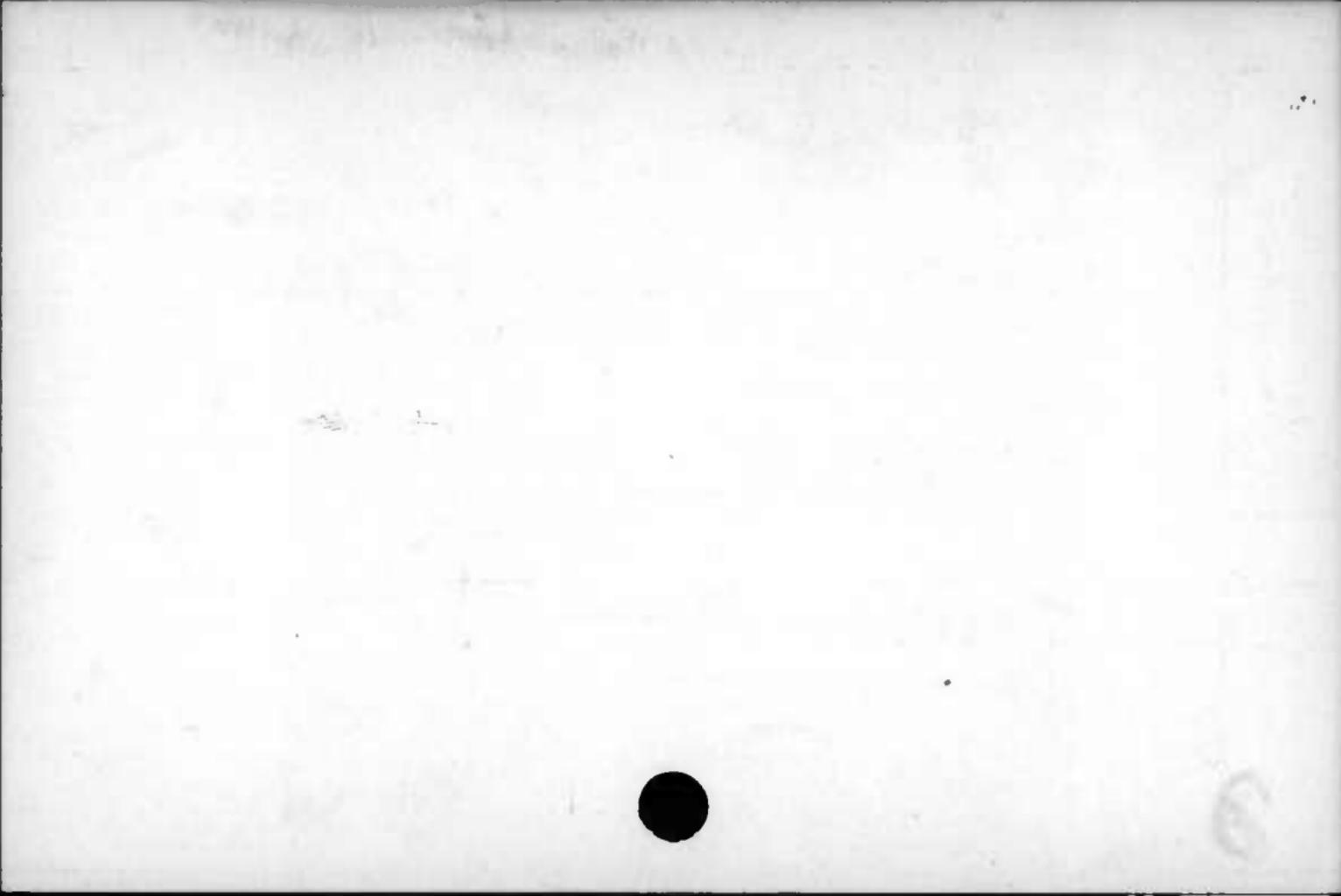
Address

50

JT Shaw

97 Agnes Hospital

Accident or Suicide?



Name
in
Full

Jennie Cornish (Cornish)

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND	
Died at Jan 14 Hallsville	Baltimore				
Date of death 1907	Month Jan	Day 14	Years 42	Months Jan	Days 17
Sex Female	Color or Race colored	Birth-place Baltimore			
Occupation Dresser	Where Residing if not at place of death Baltimore				
Married, Single or Widowed	Name of Wife or Husband Charles Cornish				
Father's Name Isidore	Father's Birthplace —				
Mother's Maiden Name Isidore	Mother's Birthplace —				
Name of person giving information	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary

Cardiac Disease

How long



Immediate

Ischaemic

How long

Are the name, age, sex, color, date and place correctly given above?

yes

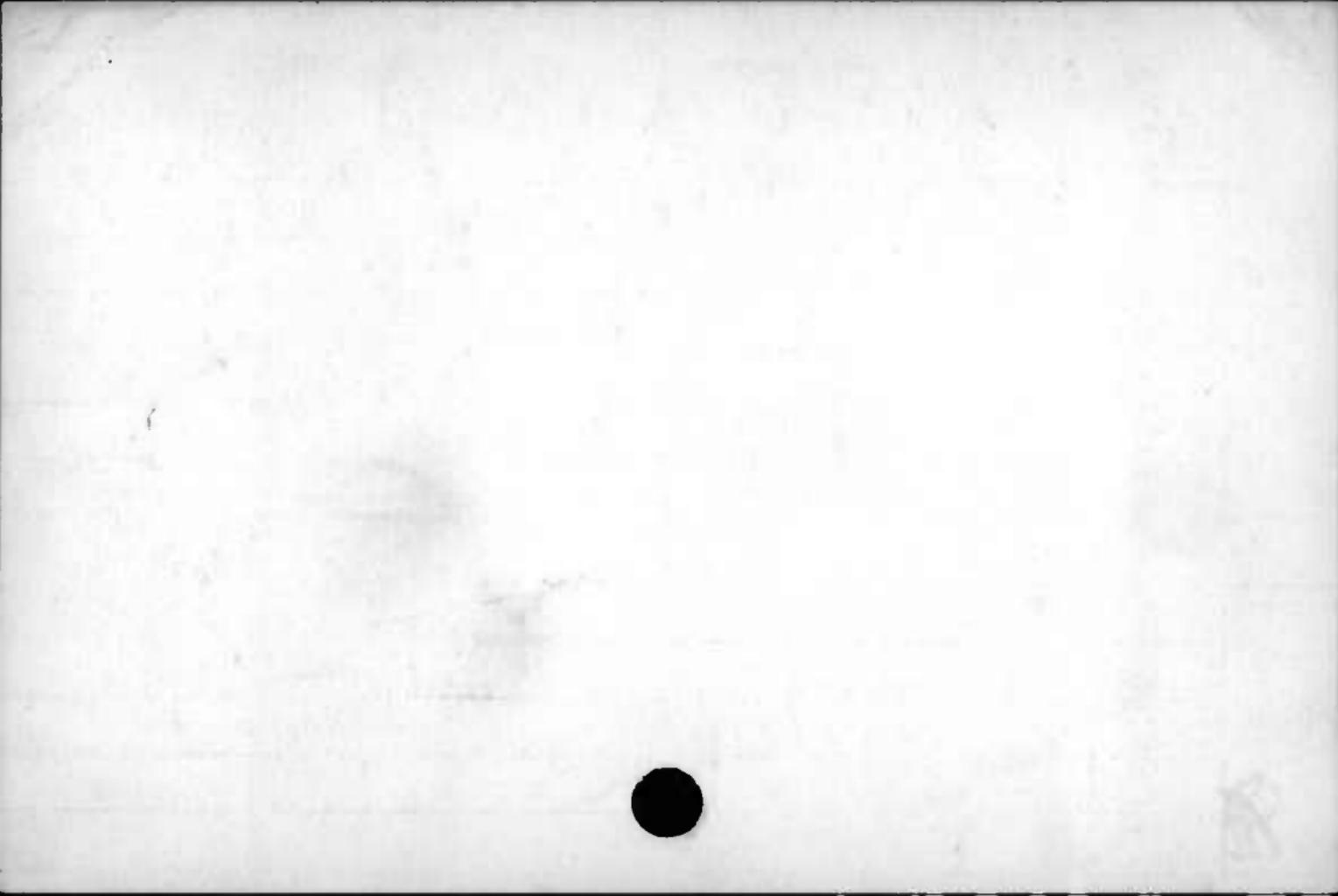
Signature of Physician

C.H. Finneran

Address

7128 Sharp St.

Accident or Suicide?



Name
in
Full

Robert Lee Crawford

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County.	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	7 14
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Baltimore Co.
Mother's Maiden Name	Geo. D. Crawford	Father's Birthplace	Baltimore City
Name of person giving Information	Anna P. Beyer	Mother's Birthplace	Co
	Geo. D. Crawford	How related to deceased	Father

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Pneumonia

How long

0 days

Immediate

Asphyxia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. Warner
1120 Highland Av

Yes
No

8

Accident or Suicide?

Mount Carmel Cem.

Jan 30th 1907

P Nicolausson
1820 Canton Ave

Name
in
Full

Catherine Brusse

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County		MARYLAND		
Died at Highlandtown	Baltimore				
Date of death 1907 Jan.	Month	Day	Years	Months	Days
7		7 th	33	5	
Sex Female	Color or Race	white	Birth-place	Md.	
Occupation Housewife	Where Residing at place of death		311 W. Pleasant Ave.		
Married, Single or Widowed Married	Name of Wife or Husband	Charles Brusse			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	Cath. Brusse		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phtisis Pulmonalis

How long

2 yrs

Immediate

Asthenia

How long

6 mos

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

M. J. McAvoy M.D.
839 S. Carlton St.

Accident or Suicide?

H. Patrick - Eng
H. Sander Sons

Name
in
Full

Alice Cullan

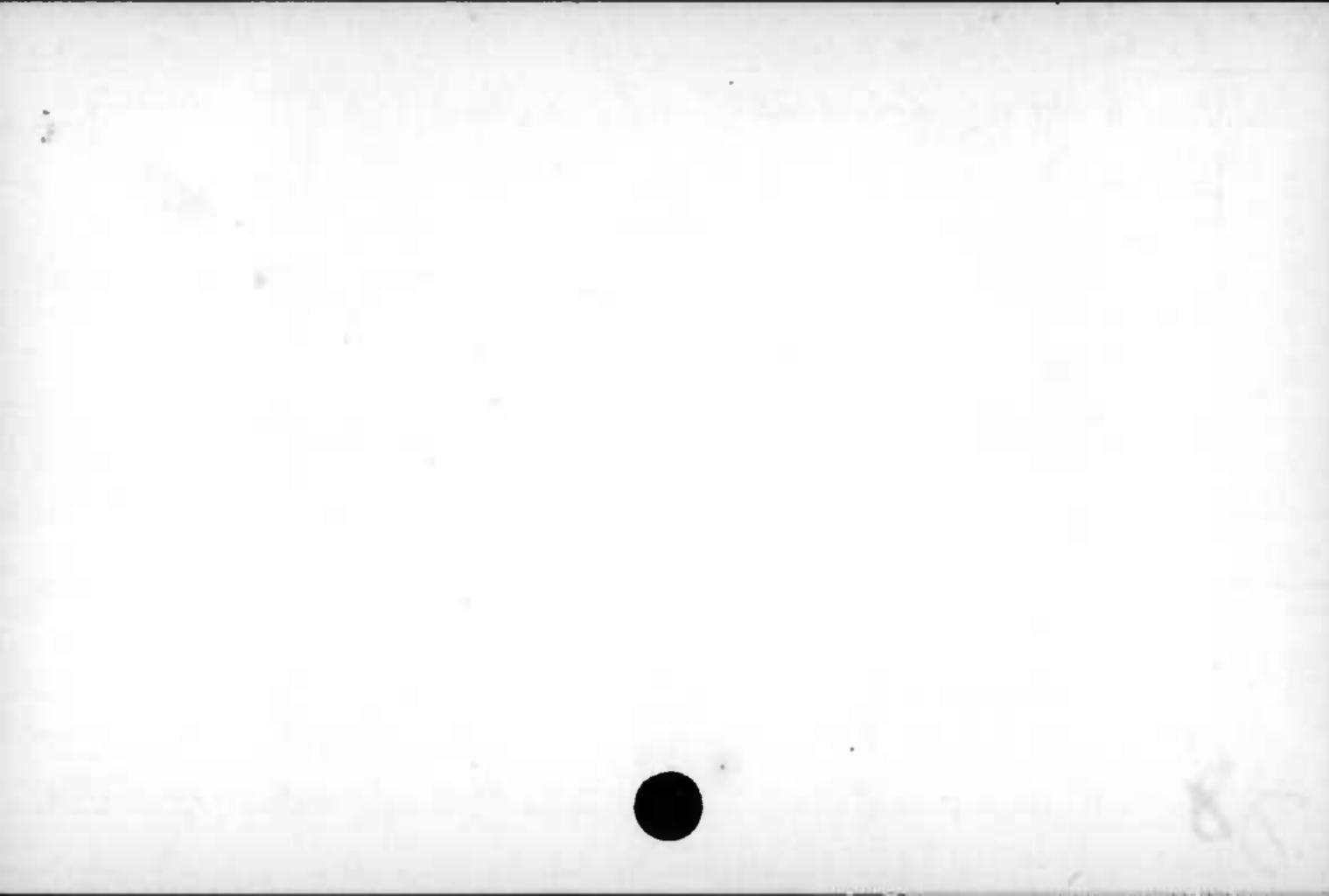
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt. Hope Retreat</u> Town			<u>Baltimore</u> County			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1907	Jan	31	24	unknown	unknown	unknown	
Sex	Female	Color or Race	White	Birth-place	Baltimore, Md.		
Occupation	none			Where Residing if not at place of death	Baltimore Md.		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	unknown			Father's Birthplace	unknown		
Mother's Maiden Name	"			Mother's Birthplace	"		
Name of person giving information	Reeds Mt. Hope			How related to deceased			

CAUSES OF DEATH

Primary	<u>Malaria - Post Typhoid Fever</u>		How long	<u>over 6 yrs</u>
Immediate	<u>Ex. Pneumonia - Post La Grippe</u>		How long	<u>6 days -</u>
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	<u>Frank J. Flannery MD</u>
			Address	<u>Mount Hope Retreat</u> <u>Mt. Hope Md.</u>
Accident or Suicide? <u>8</u>				



Name
in
Full

Danl. Curtis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Jan	Day 24	Years	Months 6	Days
Sex	Male	Color or Race	Colored	Age	Birth-place	Middle River
Occupation	Infant	Where Residing if not at place of death		Middle River Md		
Married, Single or Widowed	Infant	Name of Wife or Husband	Infant	Father's Birthplace	Harford co and	
Father's Name	James Curtis		Infant	Mother's Birthplace	Baltimore Co	
Mother's Maiden Name	Emaline Johnston		James Curtis	How related to deceased	father	
Name of person giving Information						

CAUSES OF DEATH

Primary

Spazemus

How long

Immediate

11

How long

Are the name, age, sex, color, date and place correctly given above?

yes

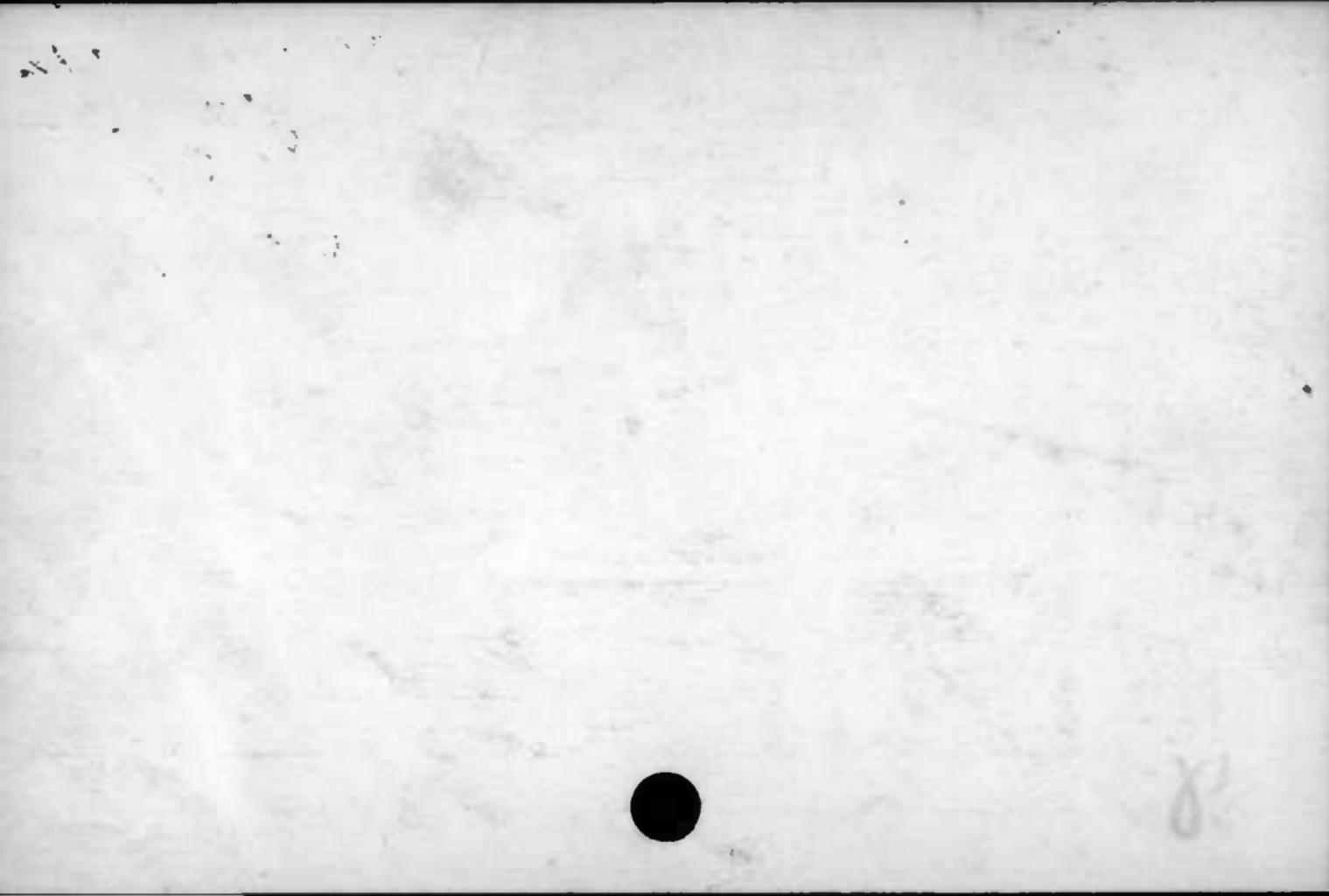
Signature of
Coroner
Address

Jesse F. Gibbons
Chase

Baltimore Co and

Accident or Suicide?

BY CORONER



Name
in
Full

Dorothy Curtis'

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Coonawaye	Baltimore				
Date of death	1907	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	76		
Occupation	Retired		Where Residing if not at place of death	Baltimore		
Married, Single or Widowed	Single		Name of Wife or Husband	Mrs. Curtis		
Father's Name	_____		Father's Birthplace	_____		
Mother's Maiden Name	_____		Mother's Birthplace	_____		
Name of person giving Information	Francis M. Starkey		How related to deceased	Relative		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Diathesis
How long 106

Immediate Exhaustion
How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?

Pohlor via
Phenix Station
via

Hey Lutz

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1907	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Black	Birth-place		
Occupation	Quarryman			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Hattie Davis	Father's Name	South Haven	
Mother's Maiden Name	Humphreeta Davis			Mother's Name	South Haven	
Name of person giving Information	Hattie Davis			How related to deceased	Wife	

CAUSES OF DEATH

Primary

Pneumonia

93

How long

10 days

Immediate

Cardiac Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician.

Address

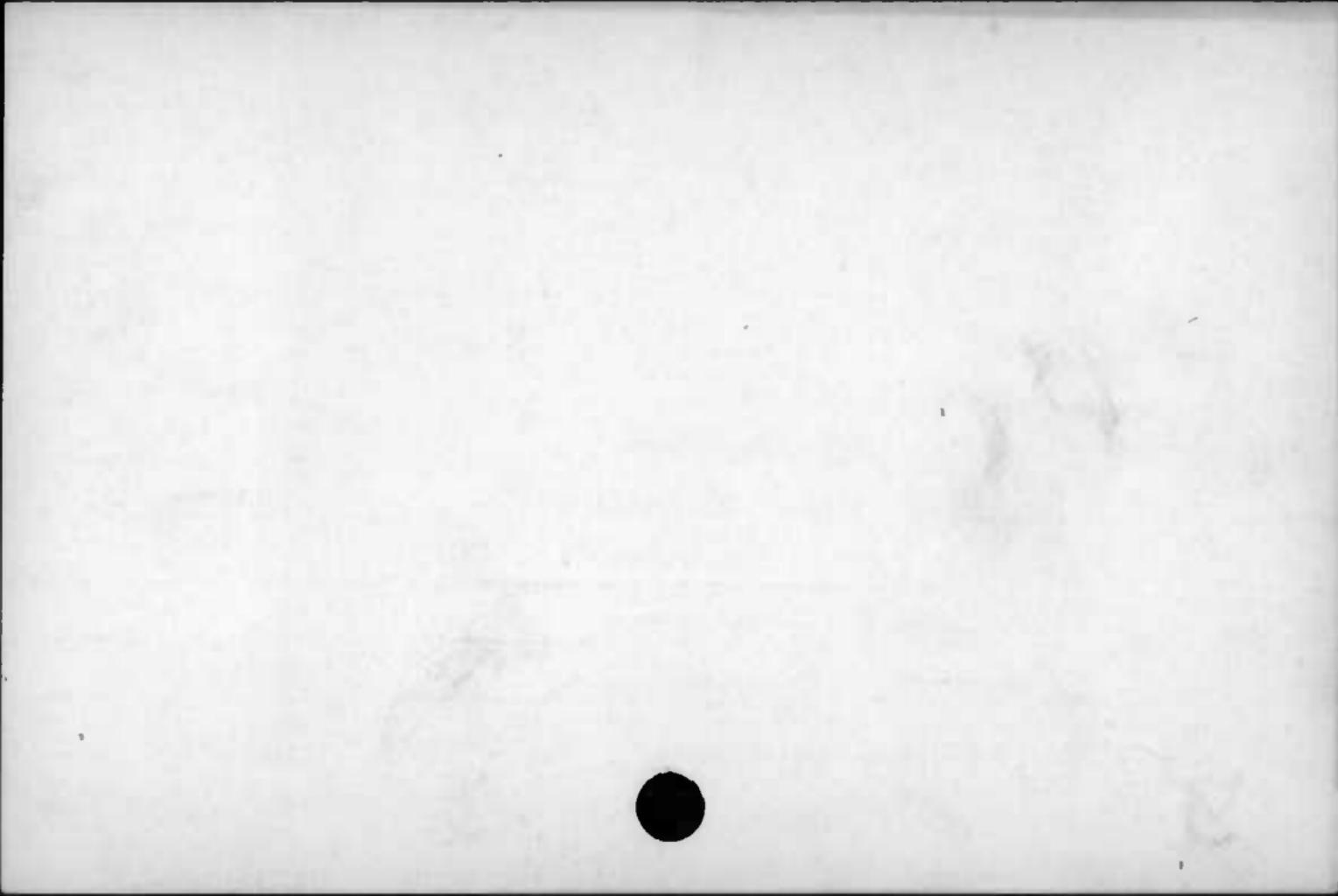
Wm. E. Buppert

Roslyn

Belt Co. Md.

X

Accident or Suicide?



Name
in
Full

Annie Marie Dell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Calumet	County	Baltimore	MARYLAND
Date of death	Month	1907 Jan	Day	28	Years 24 Months 11 Days 22
Sex	Female	Color or Race	white	Birthplace	Calumet
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frederick Dell				Father's Birthplace Calumet
Mother's Maiden Name	Anna Hadelbach				Mother's Birthplace "
Name of person giving Information	Margaret Hanisch				How related to deceased Aunt

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gripe.

(10)

How long

Immediate

Bronch Pneumonia

How long

Overwork

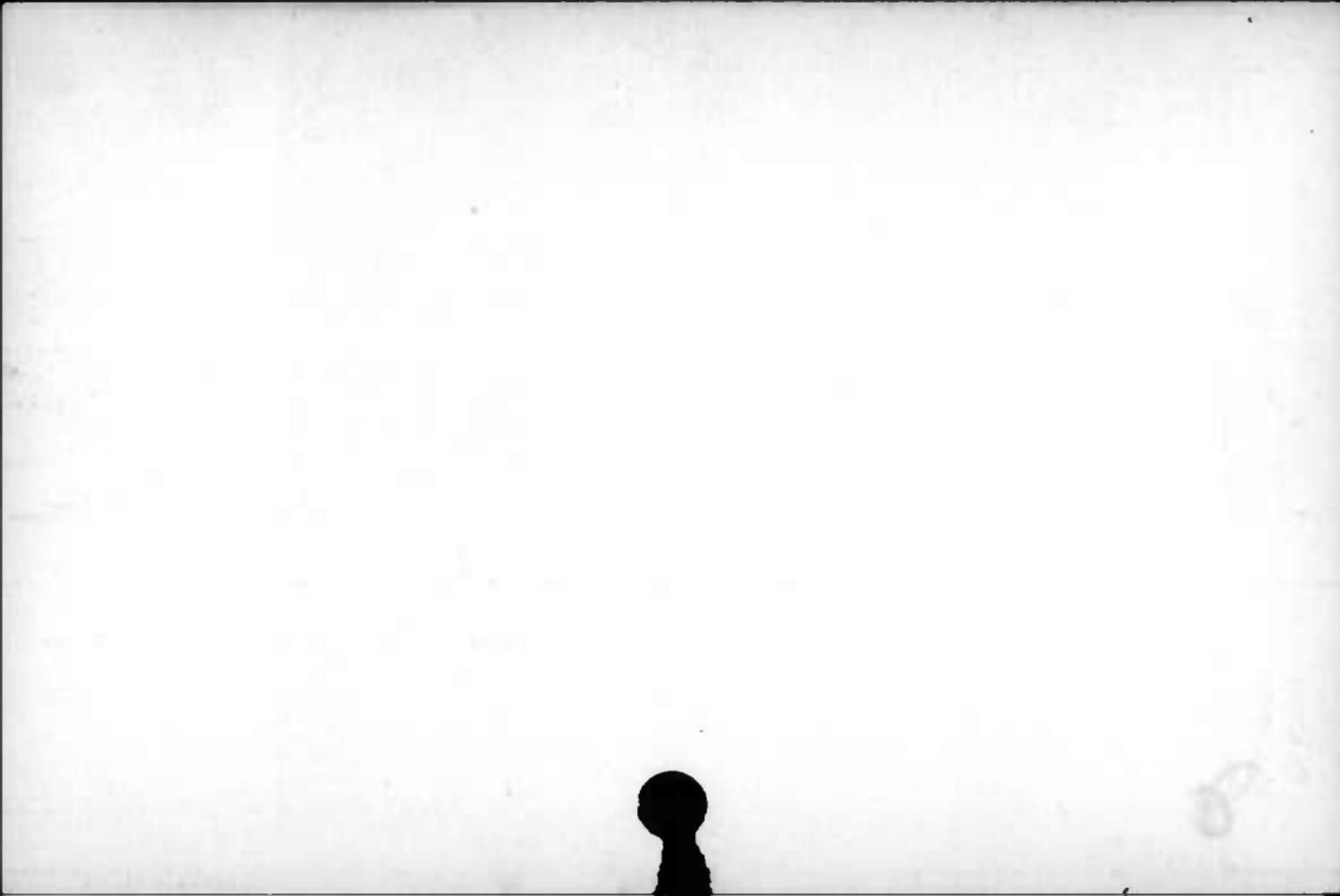
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Albert Wallfeldt
Calumet Md

Accident or Suicide?



Name
in
Full

William Henry Gorsuch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1907	Month Jan	Day 13	Years	Months	Days	✓
Sex Male	Color or Race white	Age about - 40 years		Birth-place Md		
Occupation Laborer	Where Residing if not at place of death					✓
Married, Single or Widowed Married	Name of Wife or Husband Lilly Gorsuch					
Father's Name Not Known	Father's Birthplace Unknown					
Mother's Maiden Name Unknown	Mother's Birthplace Unknown					
Name of person giving Information Ira-Chatterton	How related to deceased wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic heart Disease		How long 2 years.
Immediate	Valvular		How long 3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician D. F. H. Gorsuch	Address Fork
Y	No.		
Accident or Suicide?		Md -	



Name
in
Full

Aques droper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	January	10 th	16	4	9	
Sex	Female	Color or Race	white	Birth-place	Elkton, Md	
Occupation	School	Where Residing if not at place of death			Acings Miles	
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Richard H. Droper			Father's Birthplace	Delaware	
Mother's Maiden Name	Florence David			Mother's Birthplace	Delaware	
Name of person giving information	mother			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Burns over $\frac{2}{3}$ of body

16

How long

Immediate

Shock

—

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frank Keating M.D.

Acings Miles

Maryland

Accident or Suicide?

Accident



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mrs Wagner A Dunning

CERTIFICATE OF DEATH

Died at Towson

Town

Baltimore

County

MARYLAND

Date of death 1907 Jan.

Month

Day

Years

Age 73

Months

11

Days

4Sex Female

Color or Race

Orlite

Birth-place

York Co. Penn

Occupation

Where Residing if not
at place of deathHomemijoTowsonMarried, Single
or Widowed

Name of Wife or Husband

John Hunning

Father's Name

Wm. Jackson

Father's Birthplace

Mother's Maiden Name

Elizabeth Kunkle

Mother's Birthplace

Name of person giving
InformationMrs. Minnie Neds.How related
to deceasedSon

CAUSES OF DEATH

Primary

Bright's Disease

How long

How long

20 years6 weeks

Immediate

General AnasarcaAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

J. Gaston Green M.D.
Towson Md.

Accident or Suicide?

John Burns Sons
Lovers
Graves.
Cerneby

Name
in
Full

Mary A Ensor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died et Date of deeth 1907	Town Month Jan	Day 10	Age 56	County Colo.	MARYLAND	
Sex Female	Color or Race white			Months —	Days —	
Occupation House Wife	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband L. Poisal Ensor					
Father's Name Elijah Price	⑨		Father's Birthplace Colo Co.			
Mother's Maiden Name Sarah G Price	⑨		Mother's Birthplace Baltimore city			
Name of person giving Information Rachel M. Hamilton			How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic bronchitis

How long

18 years

Immediate

General exhaustion

How long

3 weeks

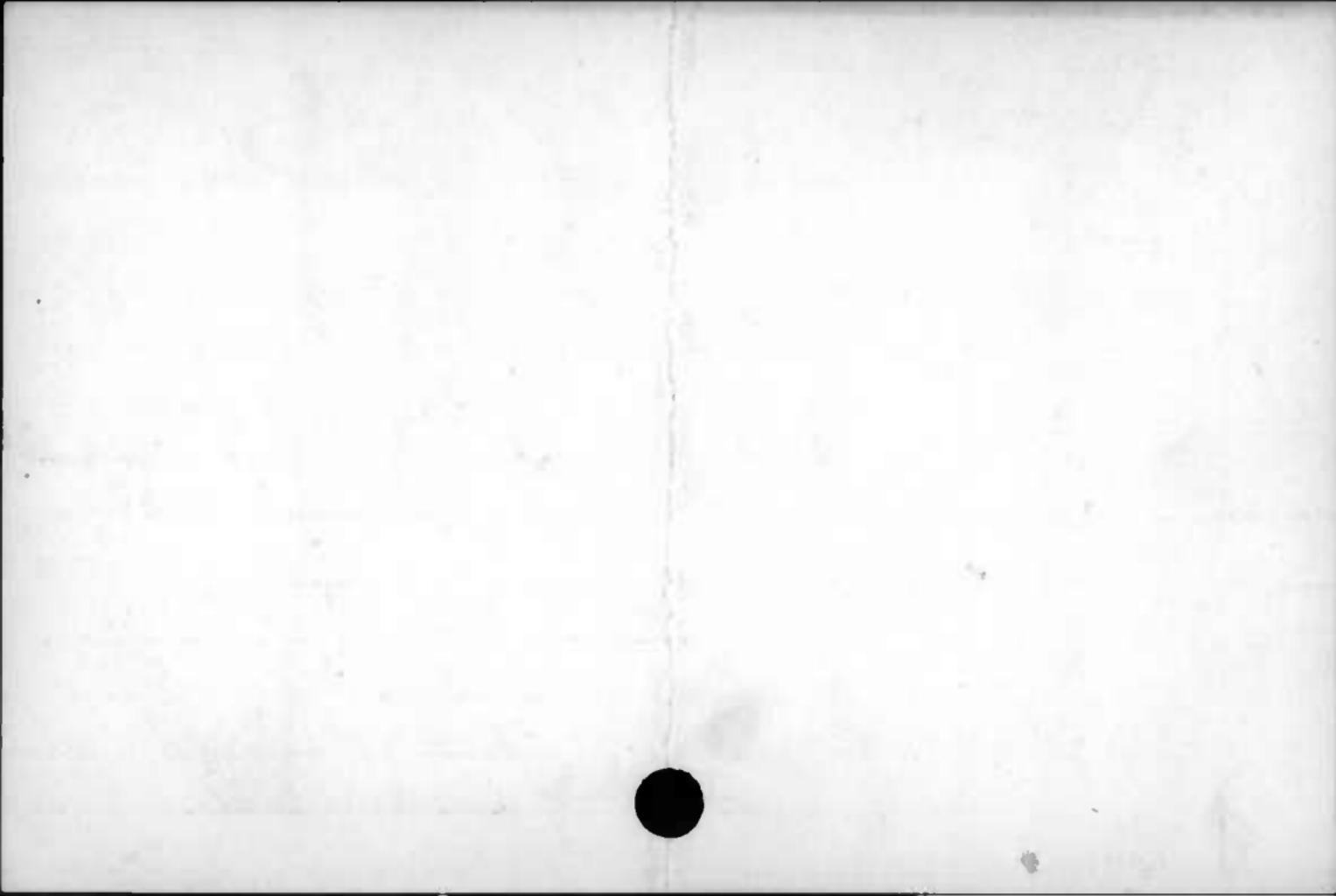
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

B.M. Shymamoto MD
Glenview Woods

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

Deceased Name				CERTIFICATE OF DEATH			
Died at		Town		County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days	
1907	1	21	28	28	8	19	
Sex	Color or Race		Birth-place				
Male	White		Baltimore				
Occupation	Where Residing if not at place of death						
None	Baltimore						
Married, Single or Widowed	Name or Wife or Husband						
Single							
Father's Name	Father's Birthplace						
Edward Hippes	Baltimore						
Mother's Maiden Name	Mother's Birthplace						
Eloise Thompson	Lancaster						
Name of person giving Information	How related to deceased						
Wm. C. Morris	(Husband)						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic nephritis.

How long

How long

Immediate

Tonsillitis

Are the name, age, sex, color, date and place correctly given above?

J

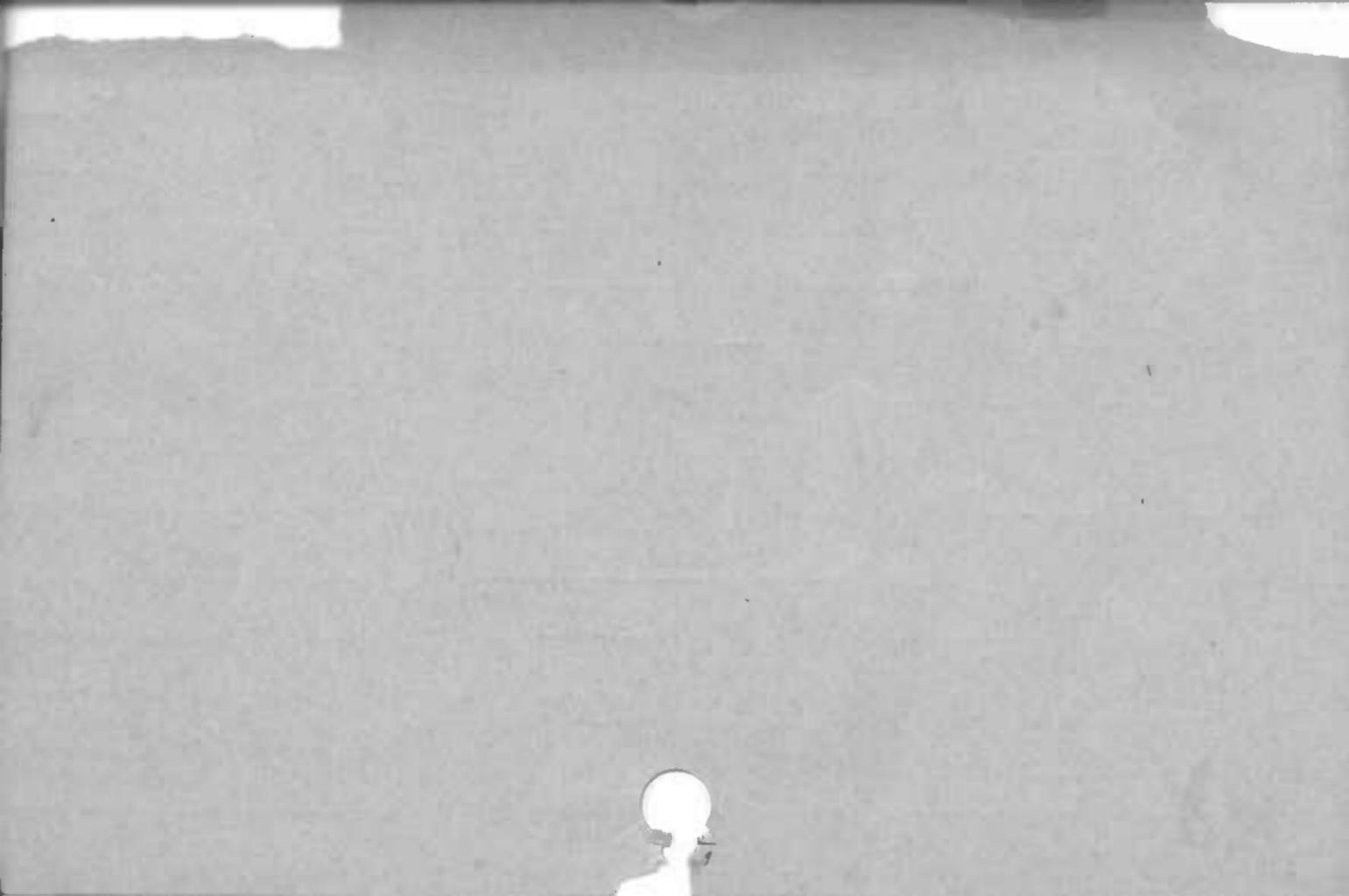
Signature of Physician

Address

W.C. Morris

Baltimore

Accident or Suicide?



Name
in
Full

Samuel Fair

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Beckleysville	Baltimore		
Date of death	Month	Day	Years Months Days
1907 Jan;	Jan	31 st	About 77 Don't definitely know
Sex	Color or Race	Birth-place	
Male	White		
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Married	Chianna C. Fair		
Father's Name		Father's Birthplace	
Johnson		Johnson	
Mother's Maiden Name		Mother's Birthplace	
Unknown		Unknown	
Name of person giving Information		How related to deceased	
Preston Gardner	do	Son-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis and general breaking down four to five years	How long
Immediate	Age and general paralysis	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
8		J. B. Morris M.D. Beckleysville Md.
Accident or Suicide?		

Shearn Bros. Undertakers

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Savaly Balder Fischel

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Jan	3rd	41	2	20
Sex	Female	Color or Race	White	Birth-place	Balto. Co.
Occupation	Housekeeper			Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	G. F. Fischel	Father's Birthplace	Maryland
Father's Name	James W. Harris			Mother's Birthplace	"
Mother's Maiden Name	Miranda Turner			How related to deceased	Husband
Name of person giving information	G. F. Fischel				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Perimicous haemorrhaging
due to pregnancy.

How long

60 days

Immediate Exhaustion

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. J. T. Phillips M.D.

Address

1929 Madison Ave.

8

Accident or Suicide?

Walt S Little
Druid Ridgarden.

Name
in
Full

Earl W. Florer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Jan	Day 2	Years —	Months 11	Days —
Sex Male	Color or Race white	Birth-place Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	Henry W. Florer		Father's Birthplace	Md	
Mother's Maiden Name	Florine V. King		Mother's Birthplace	Md	
Name of person giving information	Henry Florer		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis Pneumonia

How long

7 days

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

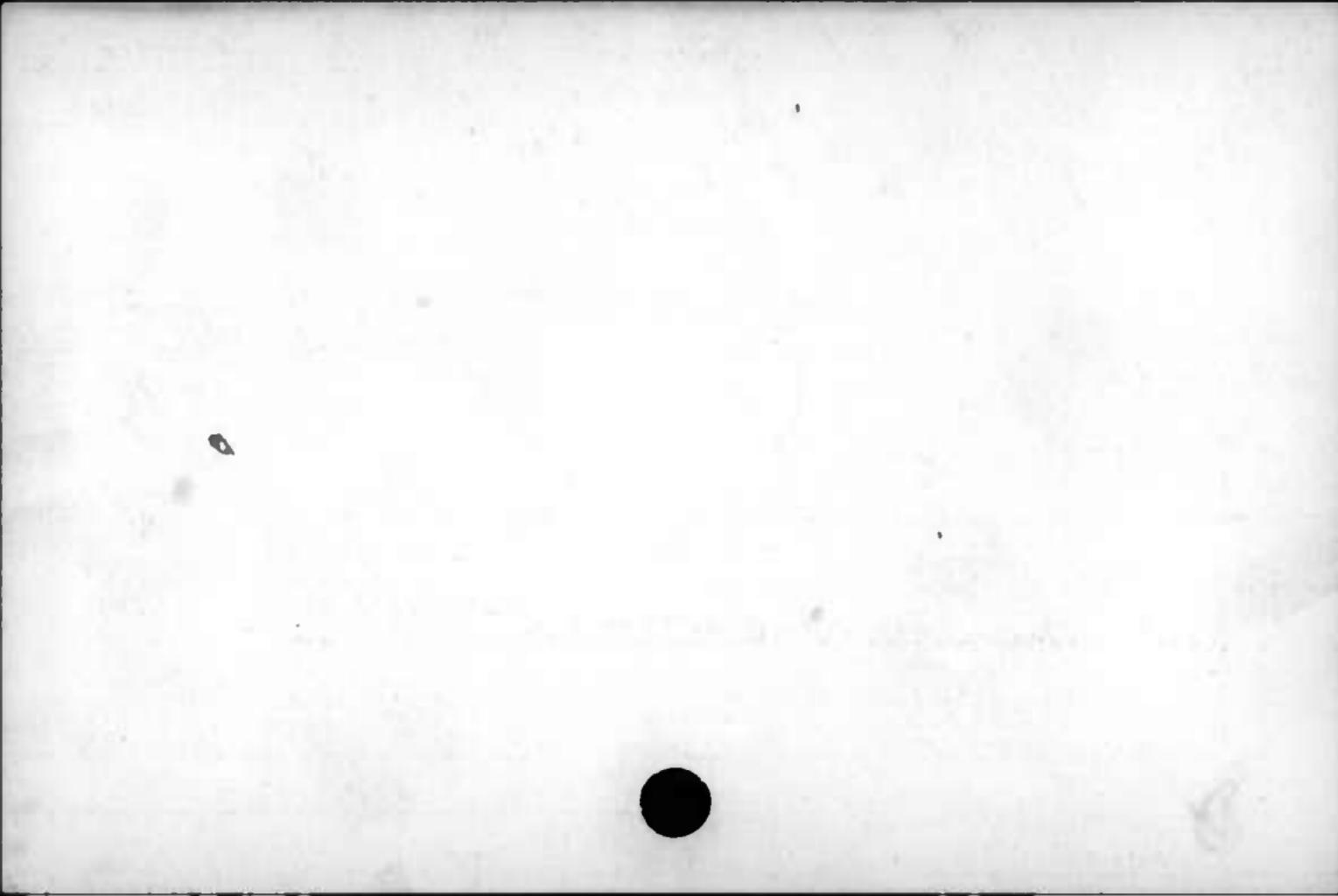
Yes S.M. Kupper

Address

Morrell Park

Baltimore Md

Accident or Suicide?



Name
in
Full

Henry Foster

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND	
Date of death	Month	1 -	Day	Years	Months
Sex	Male	Color or Race	white	Birth-place	Days
Occupation	Laborer			Where Residing if not at place of death	
Married, Single or Widowed	widower	Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Annis Foster			How related to deceased	Doughty, daughter

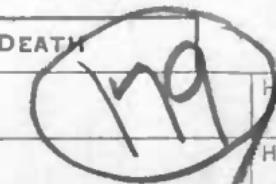
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart failure

How long



Immediate

" "

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

August W. Miller, coroner,
Mr Williams
Md.



Accident or Suicide?

Permission is hereby given to
Nicholas Farris to remove the
body of Henry Foster from Balto
County - State of Md. to Balt. City

August W. Miller

Coroner
Baltimore

Name
in
Full

Annetta Jane Franklin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wheland</u> Town		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>July</u>	Day <u>12</u>	Years <u>42</u>	Age <u>42</u>	Months <u>2</u>	Days <u>5</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Dover Baltimore</u>				
Occupation <u>Hauswifey</u>	Where Residing if not at place of death <u>Corroll Franklin</u>					
Married, Single or Widowed	Name of Husband	Father's Name <u>Cho Ambrose</u> Father's Birthplace <u>Dover Md</u>				
Mother's Maiden Name	Mother's Name <u>Bethany Connelly</u> Mother's Birthplace <u>Dover Del</u>					
Name of person giving Information	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Addison's Disease

How long

52

4 months

Immediate

Hypotensive pneumonia

How long
36 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. S. S. Bausan

Address

Rocky Hill Rd



Accident or Suicide?

Neither

Intg
Testament of Zion
Cemetery Rock Co
Md Jan 14th

N. C Brooks

Name
in
Full

Frownfetter, Glas. JAN 7 1907

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not et place of death			
Married, Single or Widowed	Name of Wife or Husband	Rose E. Frownfetter		
Father's Name	Solomon Frownfetter		Father's Birthplace	Pa.
Mother's Maiden Name	Martha Shuman		Mother's Birthplace	Pa.
Name of person giving information	Rose E. Frownfetter		How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Paralysis

How long

3 1/2 yrs.

Immediate

Exhaustion

How long

3 mos.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Ged's Nade
Le尔斯沃思. Md

8

Accident or Suicide?

No.



Name
in
Full

John S. Fry

JAN 8 1907

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Overlea		Town	Baltimore	County	MARYLAND
Date of death	1907	Month July	Day 3rd	Years 58	Months . Days .
Sex	Male	Color or Race	White	Birth-place	Ind.
Occupation	Funeral director			Where Residing if not at place of death	Overlea
Married, Single or Widowed	married	Name of Wife or Husband		Father's Birthplace	Md
Father's Name	William Fry			Mother's Birthplace	"
Mother's Maiden Name	Sarah Cook			Name of person giving information	Albert E. Fuller
					How related to deceased friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accident

164

How long

Immediate

Fractured skull from runaway team

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

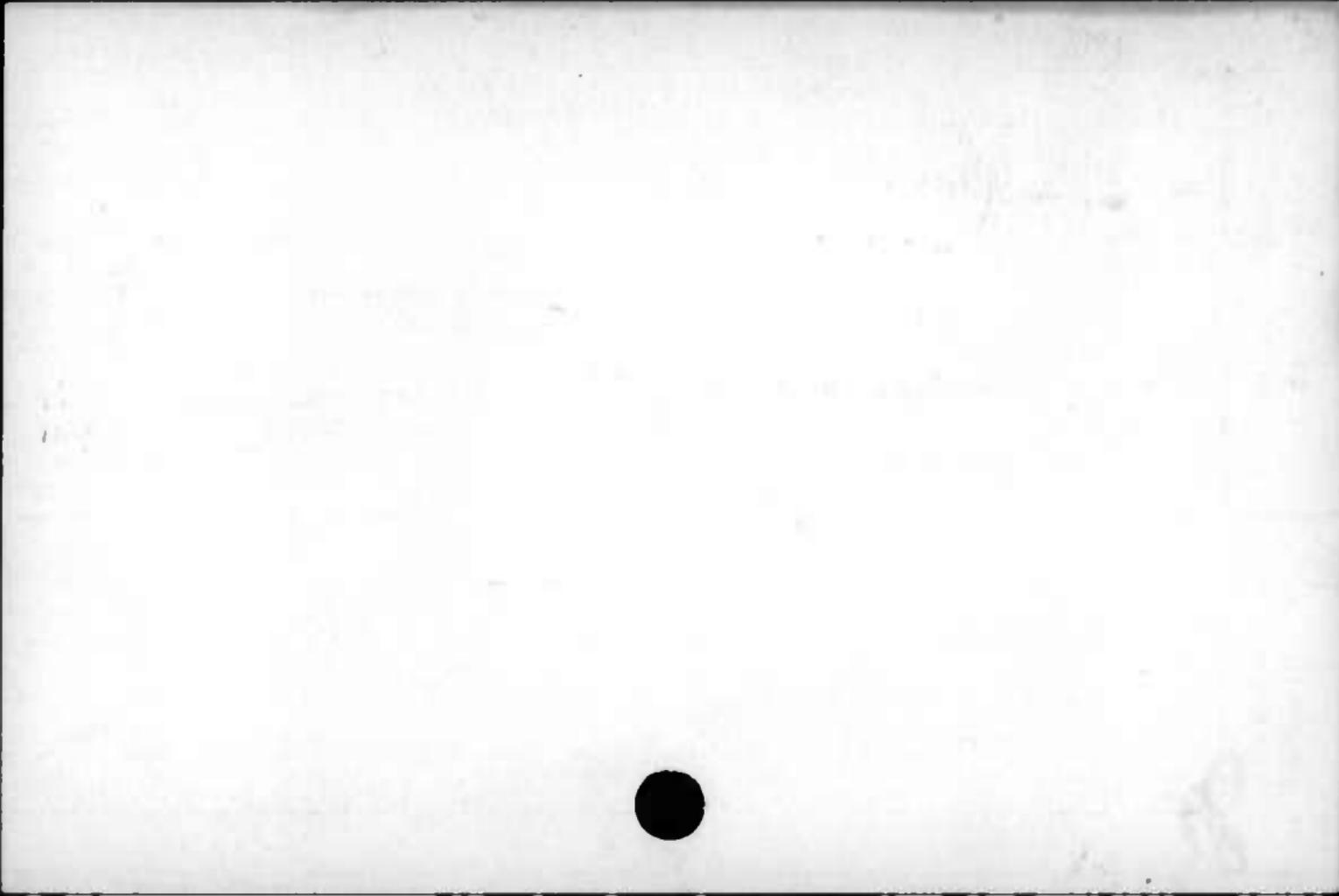
John D. George

Address

Gardenville

[Signature]

Accident or Suicide?



Name
in
Full

Richard Garrity

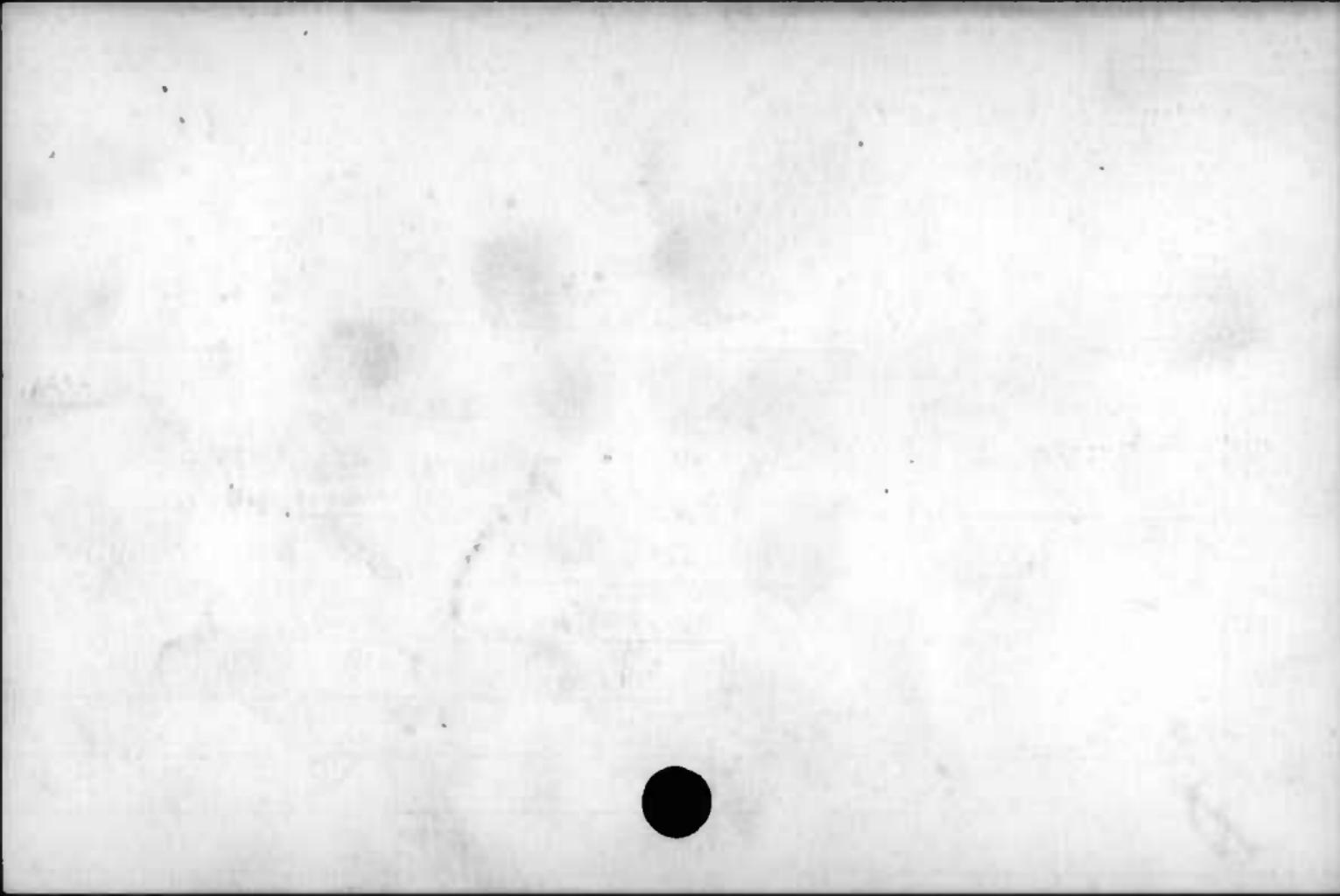
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>Mar</u>	Town <u>Alberton</u>	County <u>Baltimore</u>	MARYLAND
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>7</u>	Years <u>47</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>New Jersey</u>	
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>No settled home</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband	Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>	
Name of person giving Information <u>Mrs. Quinn</u>	How related to deceased <u>Not at all</u>		
CAUSES OF DEATH			
Primary	<u>Pulmonary Tuberculosis</u>		How long <u>about 6 months</u>
Immediate	<u>Asthma</u>		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? <i>J</i>	Signature of Physician <i>Mr. Gambill</i>
Address <i>Alberton, Md</i>	
Accident or Suicide? <i>Yes</i>	



Name
in
Full

Man Genest

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			
Died at Sparrows Point	Balto.			
Date of death 1907 Jan.	Month	Day	Years	Months Days
Sex male	Color or Race	white	Age 30	
Occupation Sailor	Where Residing if not at place of death			Birth-place Germany
Married, Single or Widowed Single	Name of Wife or Husband	Unknown		
Father's Name Unknown				Father's Birthplace Unknown
Mother's Maiden Name Unknown				Mother's Birthplace Unknown
Name of person giving Information for Blain	(WV)			How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Accidental drowning

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

approximate

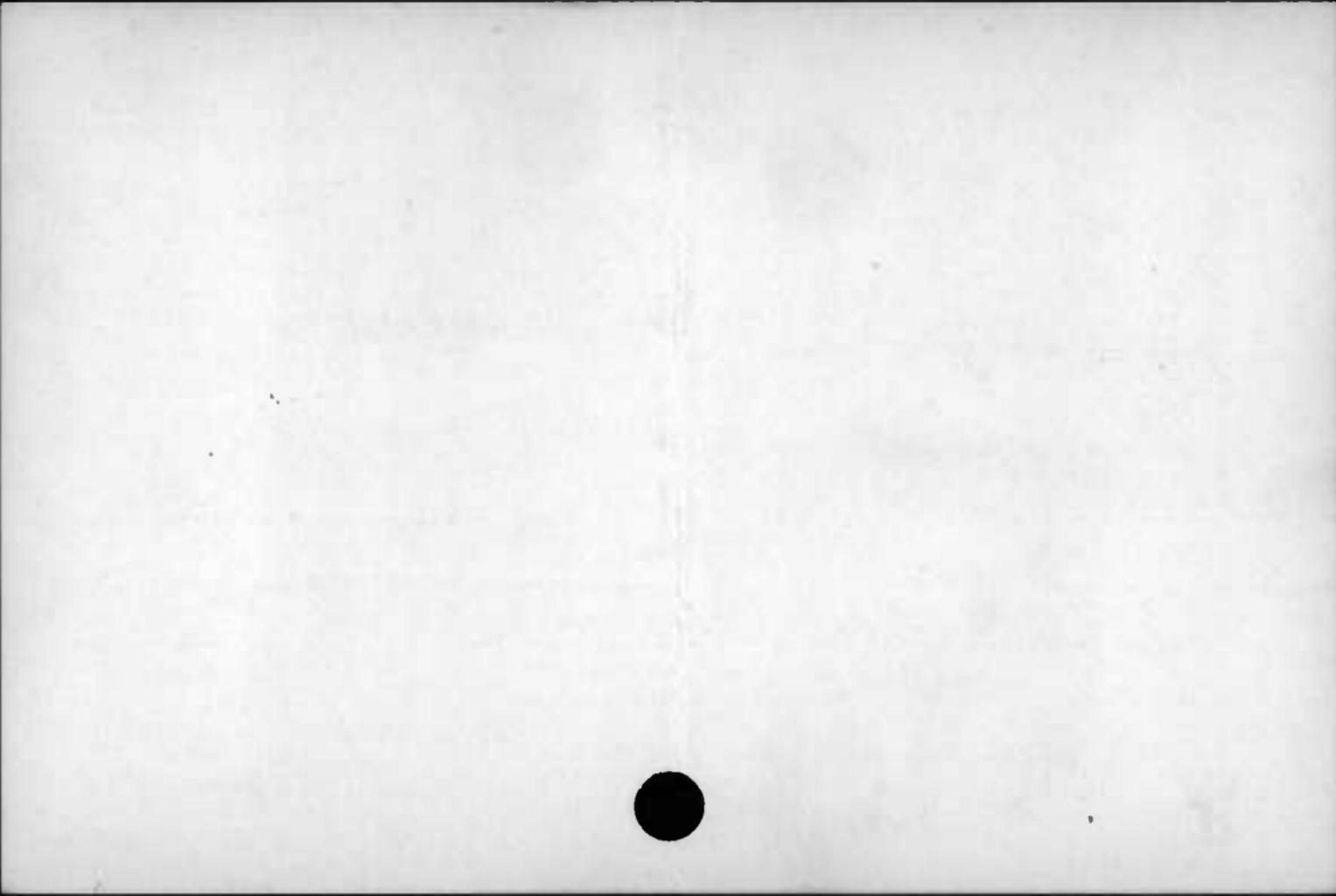
Signature of Physician

Address

Joe Blain, J.P.
Sparrows Point
Md

8

Accident or Suicide? Accident



Name
in
Full

Emanuel Goldenberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Towson	Town	Balto.	County	MARYLAND	
Date of death	1907	Month	24	Day	Years	Months
Sex	Male	Color or Race	wh.	Hebrew	Birth-place	Days
Occupation	Tailor	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs E. Goldenberg			
Father's Name	Henry	Goldenberg			Father's Birthplace	Germany
Mother's Maiden Name	Eva	Nordhaus			Mother's Birthplace	Germany
Name of person giving information	Miss Julia Stern.					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Parsis



How long

4 yrs.

Immediate

Status Epilepticus

How long

1/2 hour.

Are the name, age, sex, color, date and place correctly given above?

Yss.

Signature of Physician

W.B. Connel

Address

Sheppard Hosp.

Towson, Md.

8

Accident or Suicide?

Bethany
Fell Point
Hebrew Cemetery

Name
in
Full

Caroline Gontrum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
	Gardenville	Baltimore Co				
Date of death	Month	Day	Years	Months	Days	
1907 Jan	Jan	2 nd	83	10	7	
Sex	Female	Color or Race	White	Birth-place	Germany	
Occupation	none	Where Residing if not at place of death			Gardenville Md	
Married, Single or Widowed	Widow	Name of Wife or Husband	John Gontrum (Deceased)			
Father's Name	John Jacob Künzle		Father's Birthplace	Germany		
Mother's Maiden Name	Regena (Don't know)		Mother's Birthplace	Germany		
Name of person giving information	Matilda A Gontrum		How related to deceased	daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation		How long	Want 3 years
Immediate	Aphmae		How long	One hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Yes F. Taylor M.D.	
J		Address	1254 N. Franklin	
Accident or Suicide?				
No.				



Name
in
Full

Henry Slicer Gore
Town willow Glen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Baltimore, Md.				
Mother's Maiden Name	York, Pa.				
Name of person giving information	How related to deceased				

1907 Jan 11 76 Baltimore co. Md.
male white
Farmer
Single George Gore
Catharine Wildison
Louella Metzel
Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arterio-sclerosis	(61)	How long	About one year
Immediate	Leoma		How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	James Gore M. D.
			Address	Reisterstown Md.

8
Accident or Suicide?



Name
in
Full

Chester W. Grammer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

✓

CAUSES OF DEATH

Primary	Bronchitis	(90)	How long	3 days
Immediate	Exsanguination	.	How long	24 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

F. C. Oldfield M.D.
Spencer Plant
Md

Accident or Suicide?

8



Name
in
Full

James Kent Hall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Mt Hope Retriever		County Baltimore		MARYLAND	
Date of death 1907 Jan	Month Jan	Day 15 th	Years 39 or 40 yrs	Months unknown	Days unknown
Sex Male	Color or Race White	Birth-place Baltimore			
Occupation none		Where Residing if not at place of death Baltimore			
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name unknown				Father's Birthplace unknown	
Mother's Maiden Name "				Mother's Birthplace "	
Name of person giving Information Recd. Mt Hope Retriever				How related to deceased	not at all

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dementia (Epileptile.)

How long

abt 35 or 36 yrs -

Immediate

Ex Pneumonia -

How long

abt 6 days -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

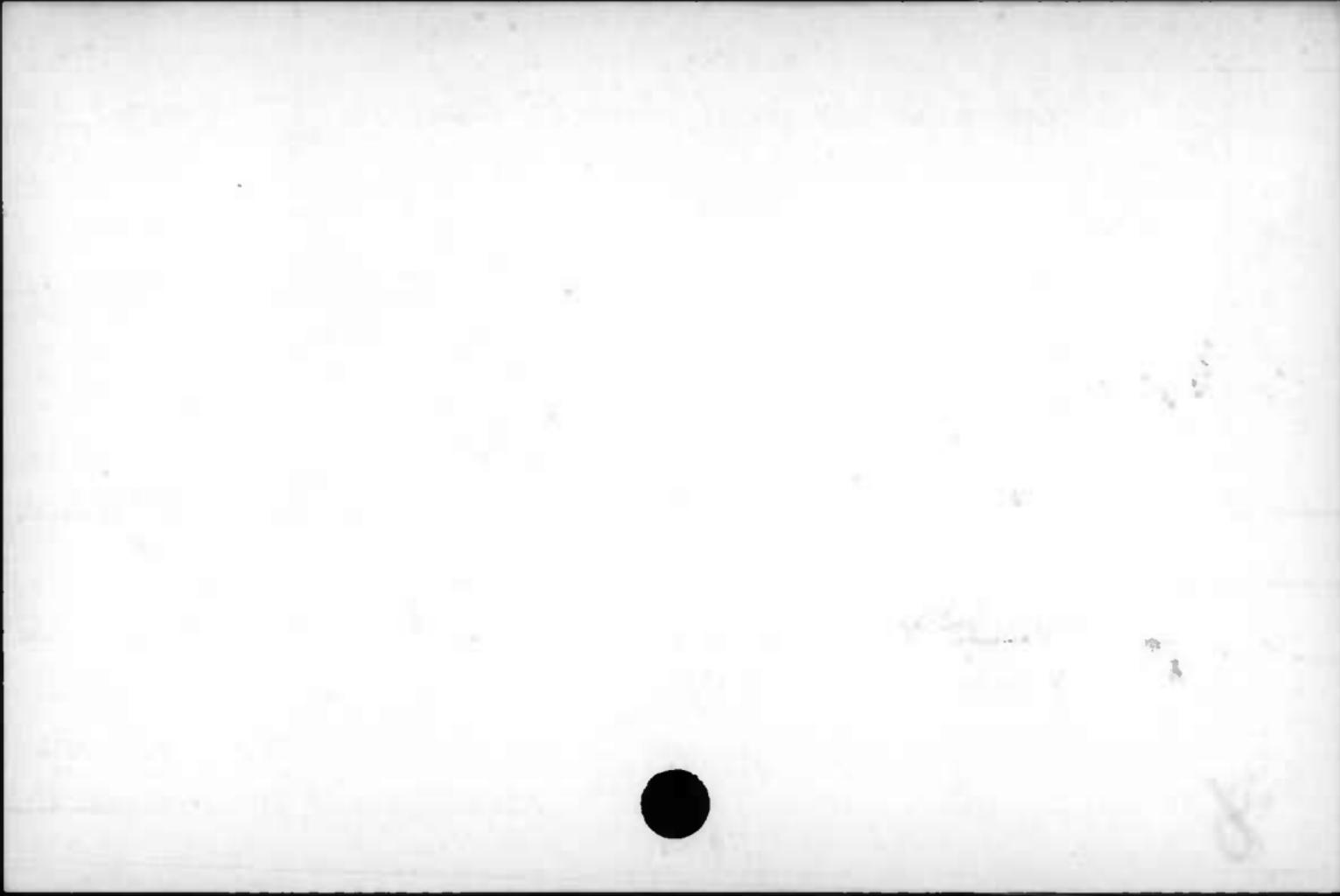
Frank J. Flannery MD

Address

Mt Hope Retriever

Mt Hope Md -

Accident or Suicide?



Name
in
Full

George J. Laurel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	1	31	41	4	30
Sex	Color or Race	Birthplace			
Male	White	Baltimore city			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	George Laurel				
Mother's Maiden Name	Katherine Porcher				
Name of person giving information	Charles Laurel				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(61)

How long

Immediate

Meuriditi

How long

About 3 weeks

Are the name, age, sex, color, date and place correctly given above?

75

Signature of Physician

Address

J.W. Collier burg
1810 E Baltimore St

Accident or Suicide?

200

J. H. Sanders & Sons
"Mt Carmel

Name
in
Full

Benjamin Hamlett

CERTIFICATE OF DEATH

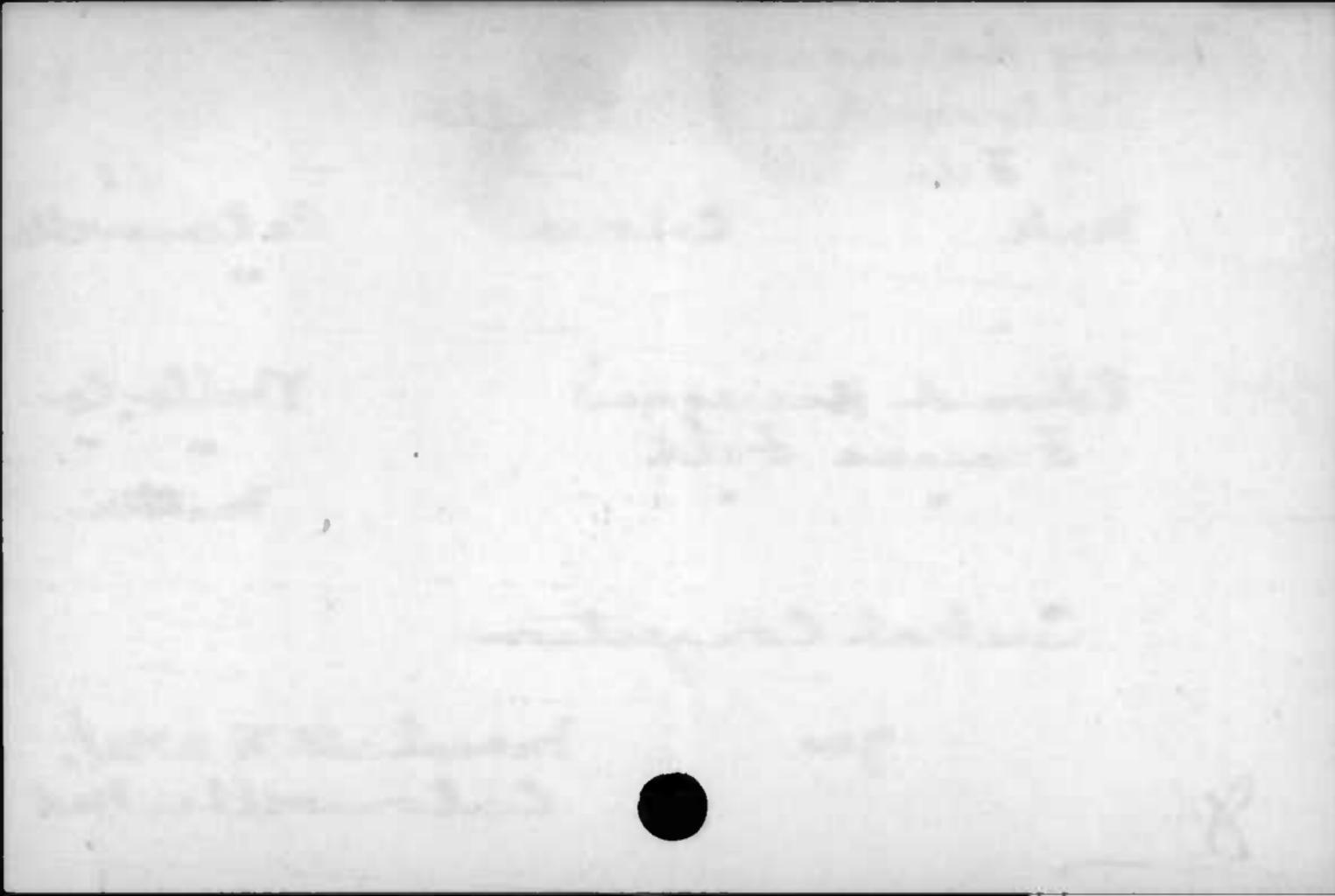
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	Unknown
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Unknown Point		
Father's Name	Robt. Hamlett				
Mother's Maiden Name	Unknown				
Name of person giving Information	Jos Blair				
CAUSES OF DEATH					
Primary	Fall and crushed skull				
Immediate					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		
PHYSICIAN OR CORONER	Jos Blair				
8	Sparrons Point				
Accident or Suicide?	Accident				

PHYSICIAN
OR CORONER

Signature of Physician

Address



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSIAN
OR CORONER

Tom H. Hawkins Jr.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1907	Jan	3	Age _____
Sex	Color or Race	Birth-place	Days
Male	Blk	Ind	4
Occupation	Where residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Tom H. Hawkins	N.C.		
Mother's Maiden Name	Mother's Birthplace		
Bethia White	Ind		
Name of person giving information	How related to deceased		
Tom H. Hawkins	Father		

CAUSES OF DEATH

Primary

Inflammation (5)

How long

7 days

Immediate

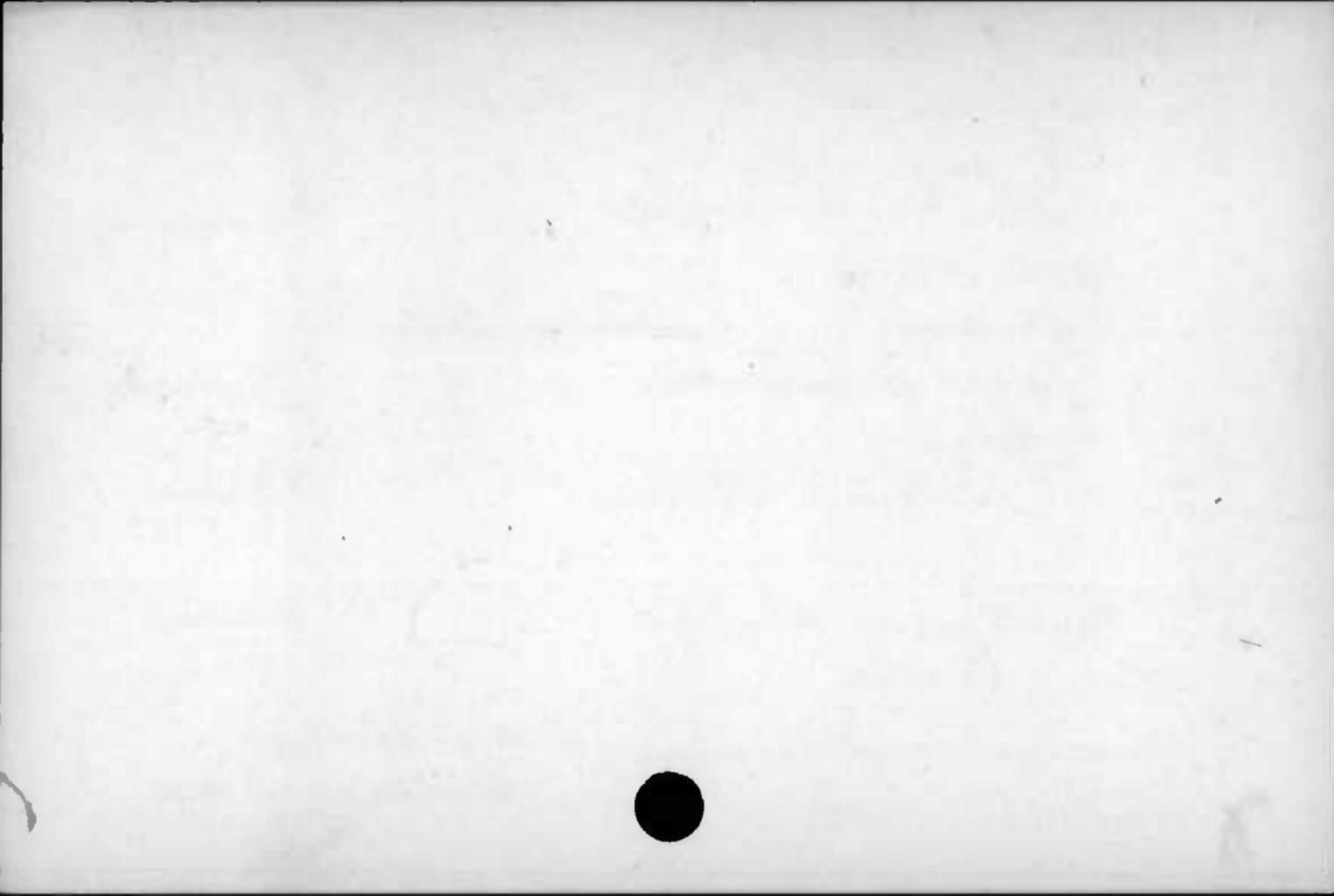
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name
in
Full

John Helmstedter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Baltimore	Baltimore			
Date of death	Month	Day	Years	Months	Days
1907	Jan	31	Age 59	-	-
Sex	Male	Color or Race	white	Birth-place	Germany
Occupation	Restaurateur		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Theresa Schell		
Father's Name	Jacob Helmstedter		Father's Birthplace	Germany	
Mother's Maiden Name	Clara		Mother's Birthplace	" "	
Name of person giving Information	Tillie A Paetow		How related to deceased	Niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

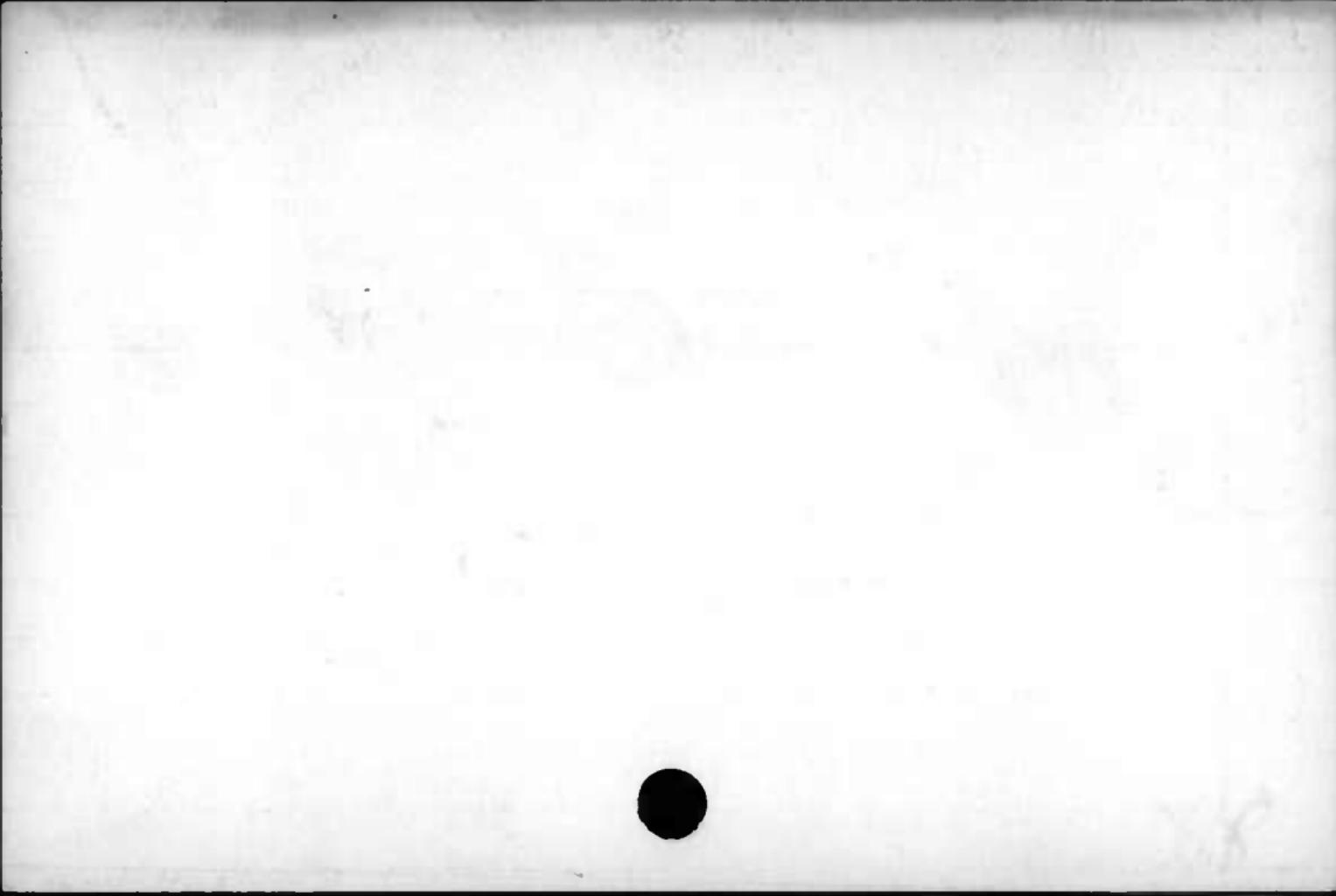
Primary	Causes of Death	How long	4 months
Immediate	Coma	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. B. W. Wallfeldt
		Address	Baltimore Md
Accident or Suicide?			

112

4 months

48 hours

Dr. B. W. Wallfeldt
Baltimore Md



Name
in
Full

Williams - L. H. Hepburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

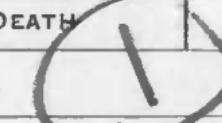
Died at		Town	County		MARYLAND	
Died at	Phoenix	Baltimore Co				
Date of death	1907	Month Jan	Day 18	Years 24	Months 6	Days 8
Sex	Male	Color or Race	White	Birth-place	Waverly Ball. Co	Md
Occupation	Mill-hand	Where Residing if not at place of death			Phoenix, Ball. Co	
Married, Single or Widowed	Single	Name of Wife or Husband	✓			
Father's Name	William H. Hepburn	✓			Father's Birthplace	Baltimore Md
Mother's Maiden Name	Haney E. Barron	✓			Mother's Birthplace	Suppose Land Town
Name of person giving Information	Elizabeth Kellogg	✓			How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever



How long

21 days

Immediate

Intestinal Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Doge Benson

Keyesville
Md



Incident or Suicide

Interment at Popular
Cemetery Monday Jan 21

W. C. Brooks

Name
In
Full

Joseph M. Herbst

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	23	10
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	[Redacted]		
Father's Name	John Herbst	Father's Birthplace Germany		
Mother's Maiden Name	Mary M. Schleifer	Mother's Birthplace Germany		
Name of person giving Information	Mary M. Herbst	How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease Heart	
Immediate	General debility	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Y	C. V. Blay,	2 Hudson St.
Accident or Suicide?	[Redacted]	

Sacred Heart Cemetery

Jan. 29th 1907

Germanus Frans

undertaker

Name
in
Full

Rev. John Hoerr

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	63	2 11
Occupation	Retired Clergyman		Where Residing if not place of death	Germany	
Married, Single or Widowed	W.	Name of Wife or Husband	White Ave Margaret Hoerr		
Father's Name	—		Father's Birthplace	—	
Mother's Maiden Name			Mother's Birthplace	—	
Name of person giving Information	Margaret Hoerr (64) Wife		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	apoplexy causing Paralysis	How long	several years
Immediate	Softening of Brain & Delirium	How long	several years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. C. E. Vogler
X		Address	1232 E. North Ave. Baltimore Md.
Accident or Suicide?		W.	

John Herwig & Son
Mt. Carmel Linn.

1/21/07

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

~~g~~

John H. Hoffman		CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND	
Hightstown	Bucks.		Months	Days
Date of death	Month	Age	3	-
1907	January	79		
Sex	Color or Race	Where Residing if not at place of death	Penn.	
Male	White	1137 Highland Ave		
Occupation				
Married, Single or Widowed	Name of Wife or Husband	Annie M. Hoffman	Father's Birthplace	Penn.
Married			Mother's Birthplace	Ind.
Father's Name	John Hoffman		How related to deceased	Son
Mother's Maiden Name	Eleana Small			
Name of person giving Information	Thos. Hoffman			

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

(b4)

How long

3 days

Immediate

Asthenia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

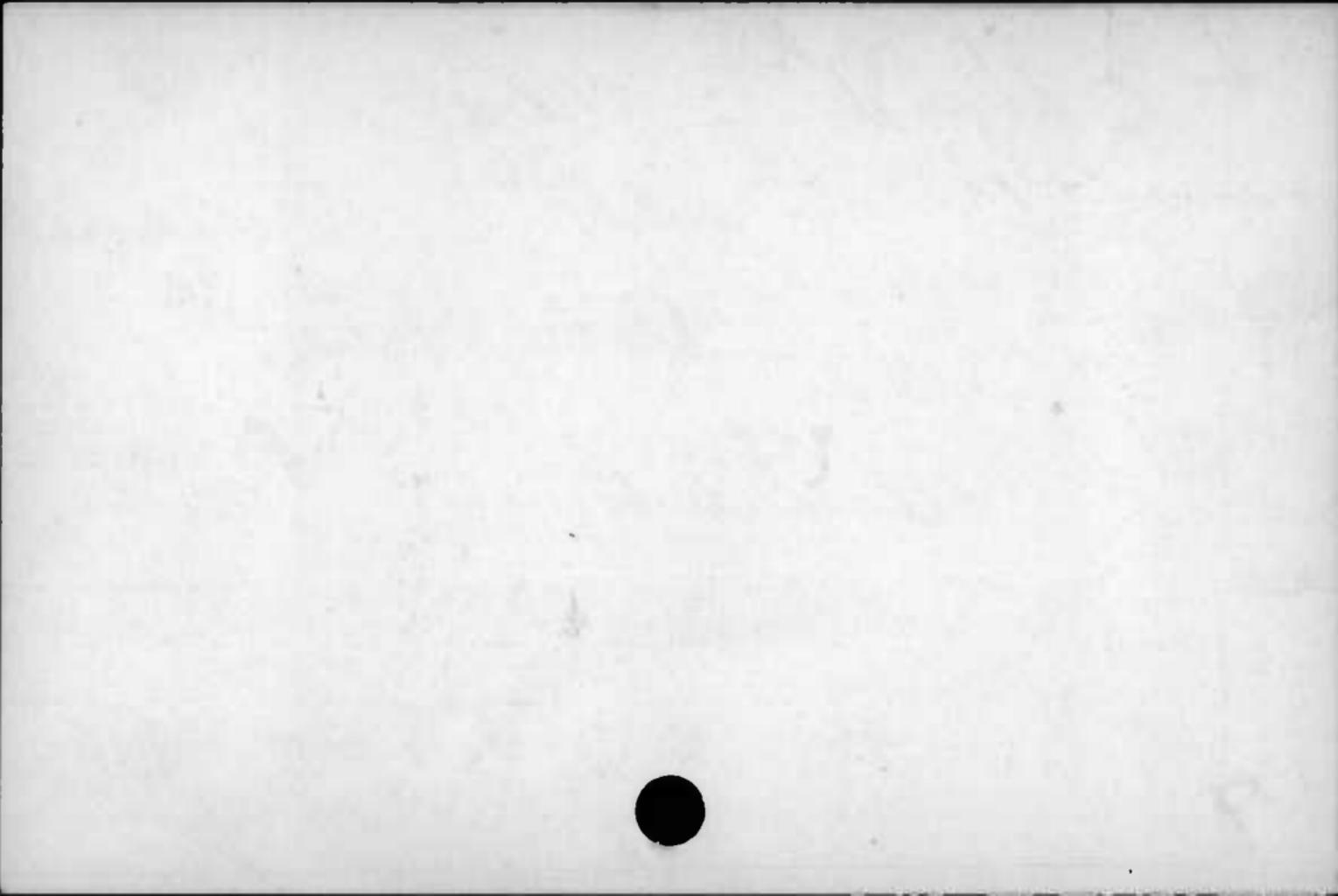
G. C. Shuey M.D.

Address

1135 Highland Ave

Accident or Suicide?

No



Name
in
Full

Harp Benton Folton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Meadows	Baltimore	Months	Days	
Date of death	1907	Month	Day	Years	
	James	4	"	71	
Sex	Male	Color or Race	White	Birth- place	Maryland
Occupation	Farmer	Where Residing if not at place of death	do		
Married, Single or Widowed	Married	Name of Wife or Husband	Pamelia Folton		
Father's Name	Thomas Folton	Father's Birthplace	Penns		
Mother's Maiden Name	Mary Folton	Mother's Birthplace	Maryland		
Name of person giving Information	W.C. Folton	How related to deceased	Nephew		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aortic Aneurism

(81)

How long

3 yrs -

Immediate

Conus.

7 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A.H. Whitridge
840 Park Ave.
Baltimore -

8

Accident or Suicide?

Henry W. Jenkins & Sons Co
233 Saratoga St
Undertaker

Funeral Sunday Jan 6/07
Loudon Park.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Char H. Huke

JAN 9 1907

CERTIFICATE OF DEATH

Died at		Town			County		
Date of death	1907	Month Jan	Day 12	Age 35	Years	Months	Days
Sex	man	Color or Race	white		Birth-place	Rocky Hill	
Occupation	Farmer		Where Residing if not at place of death		Ann Huke		
Married, Single or Widowed	Married	Name of Wife or Husband	Ann Huke		Father's Birthplace	Germany	
Father's Name	August Huke		Ann Huke		Mother's Birthplace	Germany	
Mother's Maiden Name	Mary Organ		Ann Audoms		How related to deceased	Brother	
Name of person giving information	Ann Audoms		93				

CAUSES OF DEATH

Primary

Uremia Subacute by Carbolic acid & Phencyl

Immediate

Pyrexia

Are the name, age, sex, color, date and place correctly given above?

yes

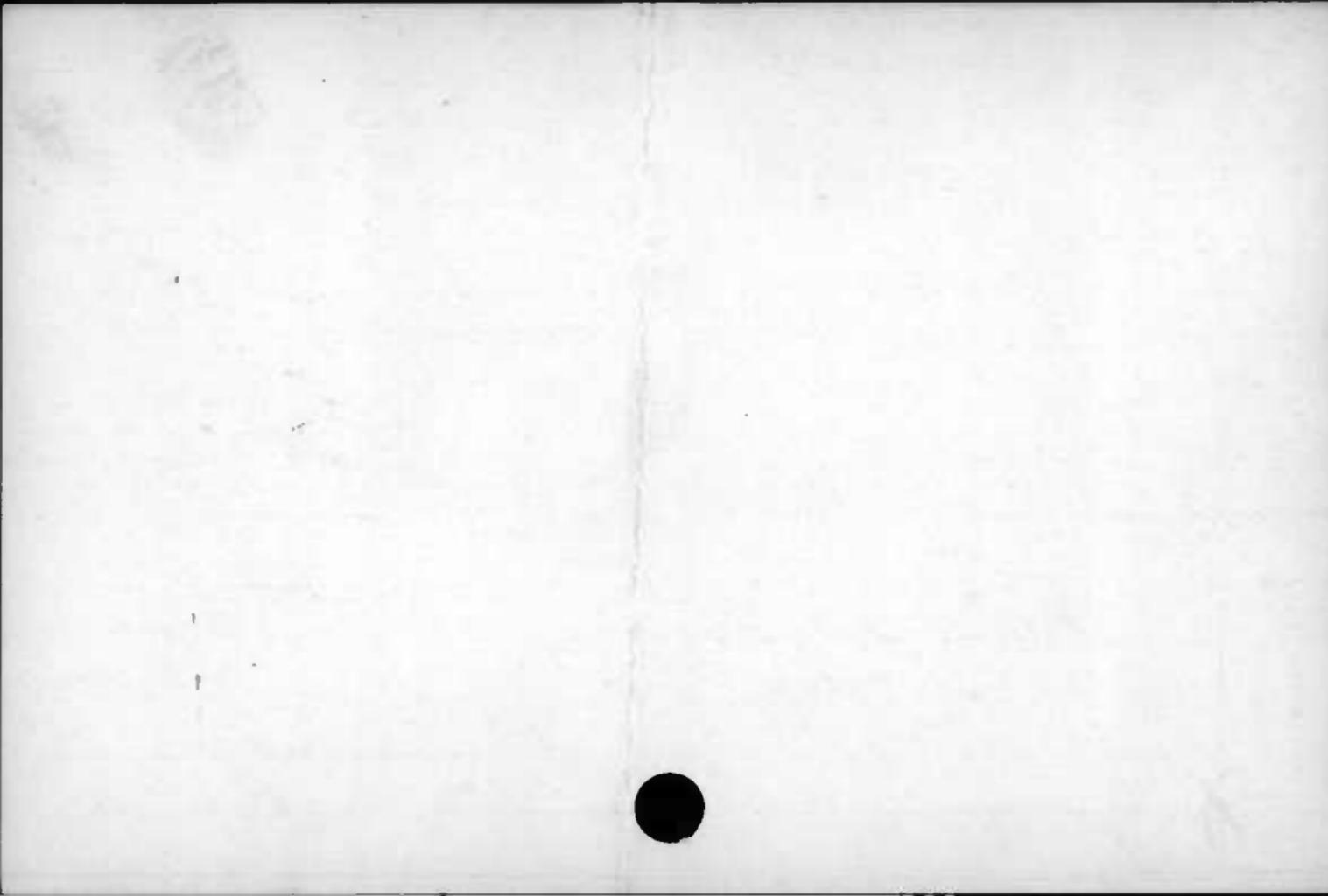
Signature of Physician

B. F. Bussey M.D.

Address

Texas Md. (M.P.)

Accident or Suicide? Probably. I think he would have recovered from the effects of carbolic acid



Name
in
Full

arrow Minta Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Hillsville Town

Date of death 1907 Month

Day 24

County

Balti

Years

45 Age

Months

Days

MARYLAND

Sex

female

Color or Race

colored

Birth-place

Md

Occupation

Housewife

Where Residing if not at place of death

Hillsville

Married, Single or Widowed

Name of Wife or Husband

John W Jackson

Father's Name

Charles Willious

Father's Birthplace

Mother's Maiden Name

arrow Minta Willious

Mother's Birthplace

Name of person giving Information

albert E. Jackson

How related to deceased

Son

CAUSES OF DEATH

Primary

Cancer of Breast

43

How long 18 months

Immediate

Emphysema

How long

4 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

BB Hall
Mr. Willious

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas Janner -

CERTIFICATE OF DEATH

Died at Stevenson

Town

County

MARYLAND

Date
of death 190

Month

Day

the

Years

Months

Days

14

71-

- 9 -

Sex male

Color or
Race

White

Birth-
place

Alexandria Va

Occupation

Capitalist (retired)

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Frances M. Janner -

Father's
Name

John Thos. Janner -

Father
Birthplace

Alexandria Va

Mother's
Maiden Name

Elizabeth Ann Pearson -

Mother's
Birthplace

Name of person giving
Information

Thos Janner Jr.

How related
to deceased

Son

CAUSES OF DEATH

Primary

Burkosis of Liver

112

How long

8 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Morris Maylor
Pikesville

MD

Accident or Suicide?

Stewart & Son
undertakers

Name
in
Full

Mary Jane Jenkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth- place	
Occupation	Where Residing if not at place of death			
Married, <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband			
Father's Name	John Henry Jenkins			
Mother's Maiden Name	Asa Smith			
Name of person giving Information	Mary Julia Smith			
	John Jenkins			

PHYSICIAN
OR CORONER

Primary

Influenza.

CAUSES OF DEATH

(10)

How long

3 weeks

Immediate

Lobar Pneumonia

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

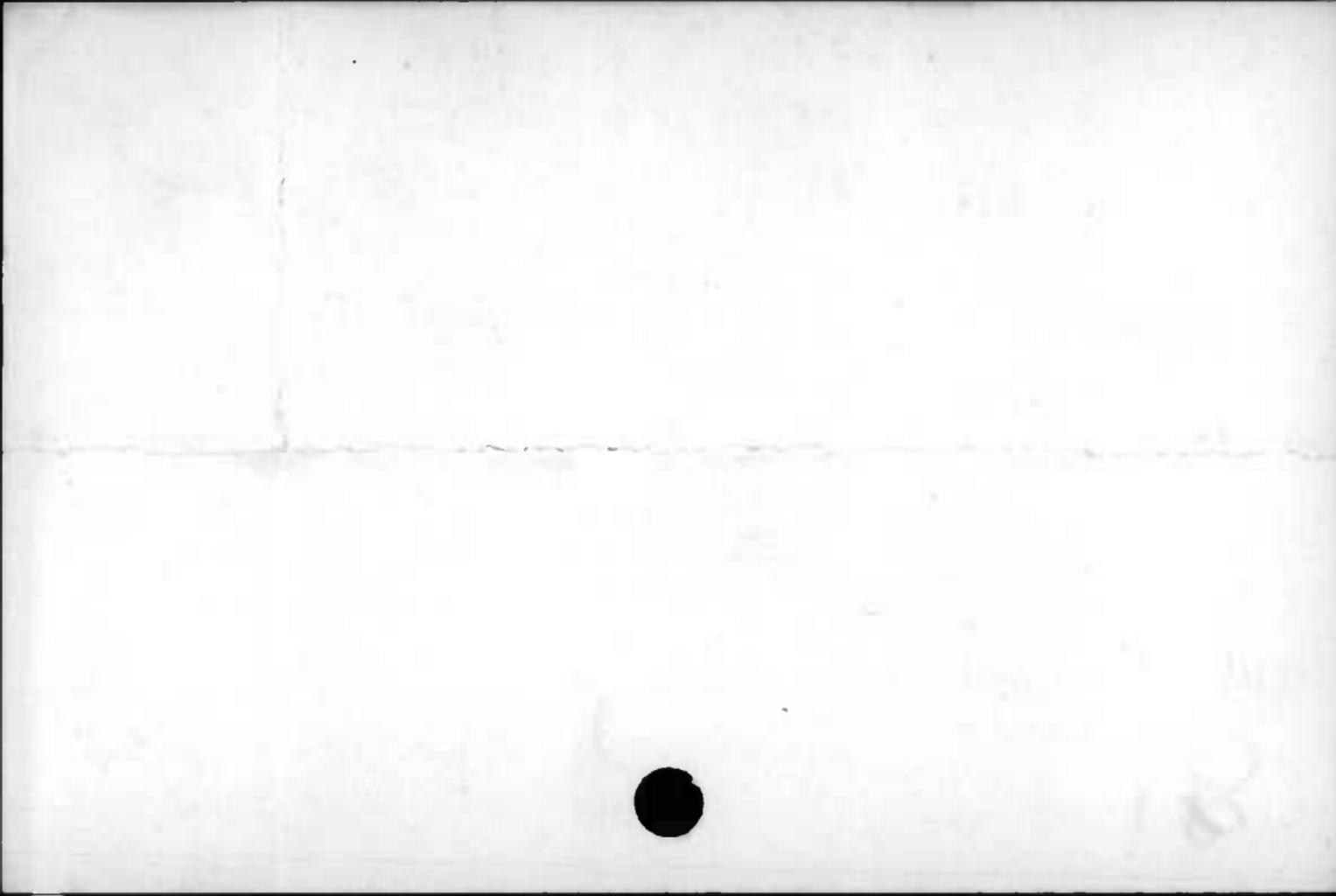
Address

Bethel Sherman

Glenwood Ind.



Accident or Suicide?



Name
in
Full

William Henry Passow

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	vauhalla Md	
Father's Name	William Passow		Mother's Birthplace	Glencoe Md	
Mother's Maiden Name	Mary Johnson		Name of person giving Information	How related to deceased	
Miss Ada Passow		(W.A)	Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Practic Heart disease - valvular	How long	18 months
Immediate	Congestion Pulmonary	How long	15 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	87383-B. Passow

Address

Cockeysville Md

Accident or Suicide?

May 27th 1848

Interment at Shadwood
Cemetery, Lexington
Wednesday June 3rd

W. C. Brooks

Name
in
Full

Gilbert Kelley

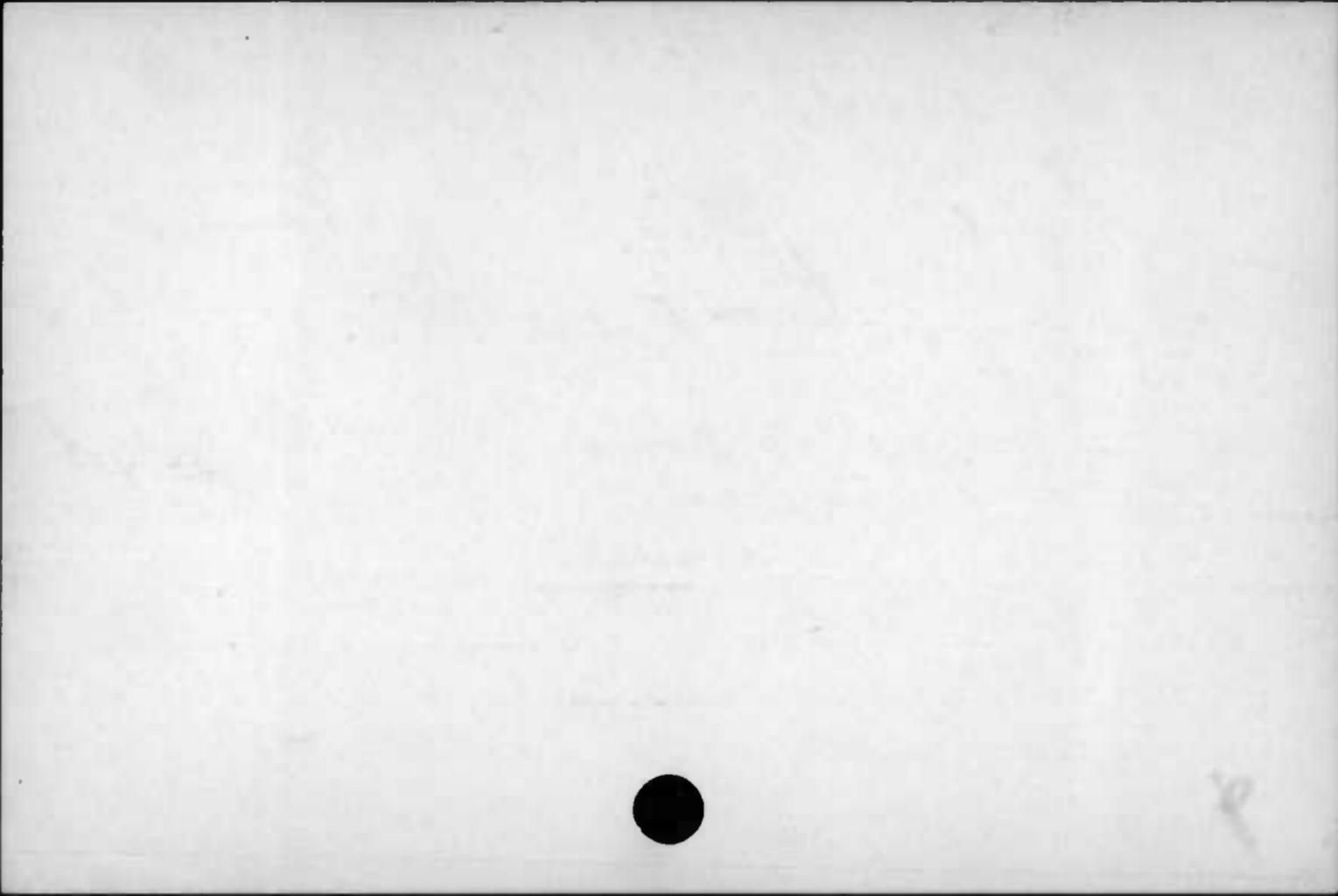
CERTIFICATE OF DEATH				
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	9	6 16
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	113 Highland Ave. Highlandtown		
Father's Name	John B. Kelley	Ireland		
Mother's Maiden Name	Eleanor Brown	Maryland		
Name of person giving Information	Miss Kelley	Cousin		

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Acute Meningitis	(6)	How long	3 weeks
Immediate	Asthma	(6)	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	Dr. L. Max
			Address	3 and 1/2ough Highlandtown
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

George H. Kelly
Payntons Paint
Balk.

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Birth-place		
Occupation	Machine		Where Residing if not at place of death		
Married, Single or Widowed	Singl	Name of Wife or Husband			
Father's Name	Tukle Kelly		Father's Birthplace		
Mother's Maiden Name	Aucil Medcally		Mother's Birthplace		
Name of person giving information	Geo. Kelly		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

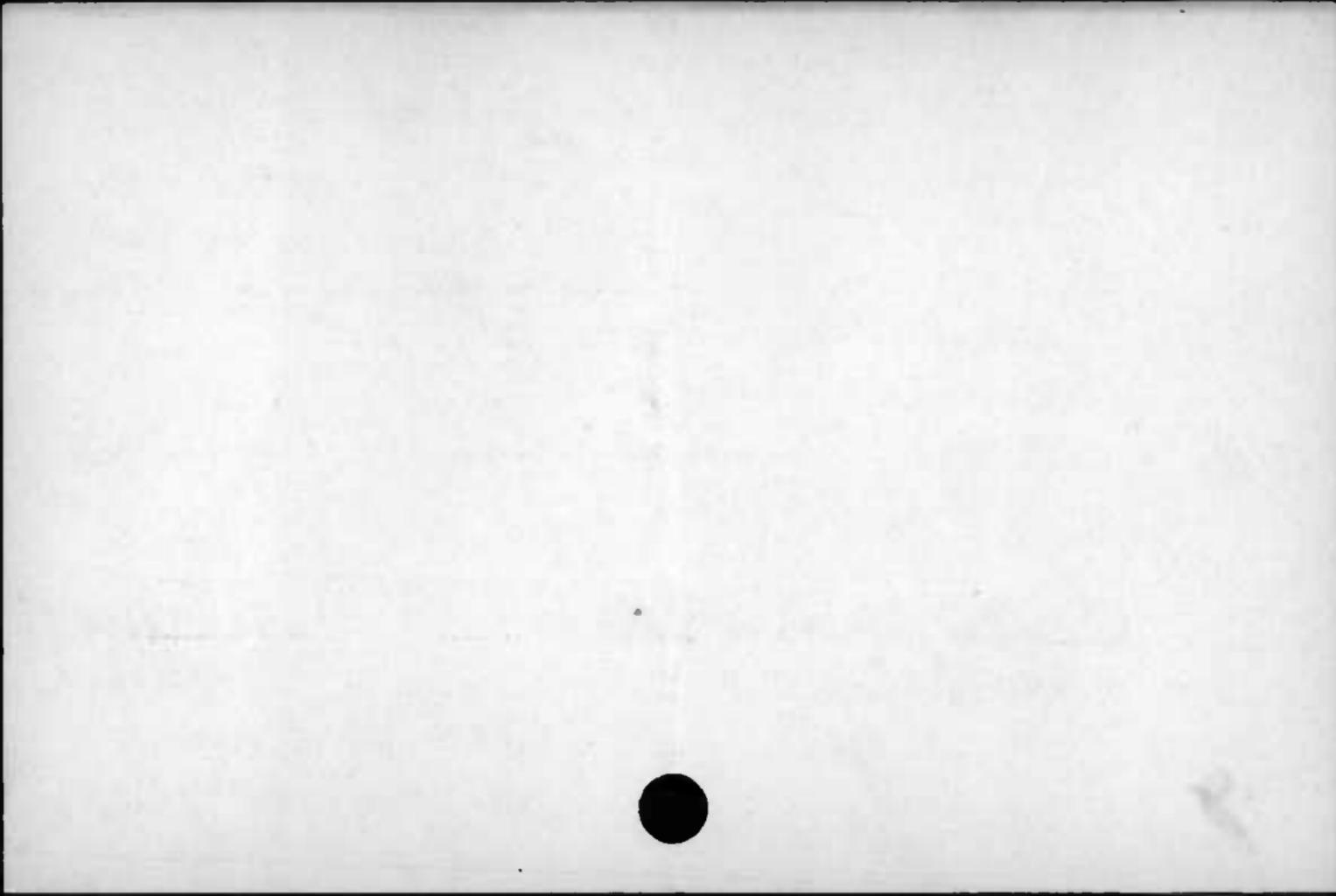
Primary	In tuberculosis lungs	How long
Immediate	Exhaustion	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

John. Kuenmuth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1909	Jany.	25	63-	5	1	
Sex	Male	Color or Race	white	Birth place	Germany	
Occupation	Laborer		Where Residing if not at place of death	515 Goolden St		
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret Kuenmuth			
Father's Name	John Kuenmuth		Father's Birthplace	Germany		
Mother's Maiden Name	Mrs Jno		Mother's Birthplace			
Name of person giving Information	Mary Kuenmuth		How related to deceased	Daughter		

CAUSES OF DEATH

Primary

Accident

How long

5 days.

Immediate

Concussion of the Brain

How long

11

Are the name, age, sex, color, date and place correctly given above?

YES.

Signature of Physician

P.A. Dunningan

Fell down steps during an attack of vertigo.

Address

203 10th St.

Accident or suicide?

Accident

Coroner

PHYSICIAN OR CORONER
Dr. J. J. Dunnigan

Sacred Heart Cemetery

Jan. 29th 1907

Germannus France

Under table

Name
in
Full

Mary D. Kettell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Highland

Town

County

Baltimore

MARYLAND

Date
of death

1907 Jan.

Month

Day

Years

Months

Days

Age 48

7

14

Sex

Female

Color or
Race

White

Birth-
place

Pennsylvania

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife
Husband

Ralph Kettell

Father's
Name

John Downs

Father's
Birthplace

Ireland

Mother's
Maiden Name

Elizabeth W Albee

Mother's
Birthplace

Ireland

Name of person giving
Information

Ralph Kettell

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cirrhosis Liver

How long

26 days.

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

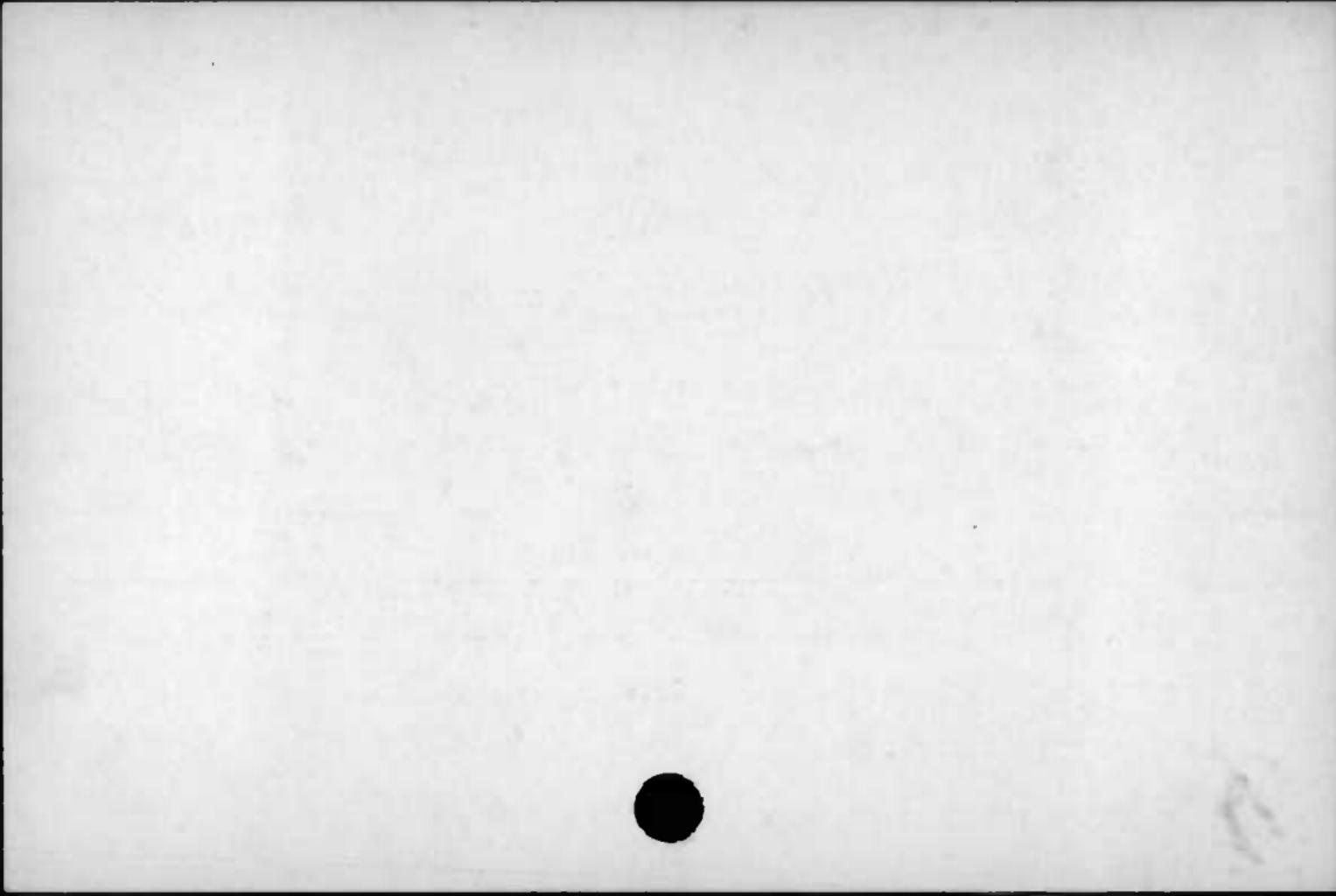
Pierre G. Dausoch.

Address

124, Jackson Square

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mary Kellummy

CERTIFICATE OF DEATH

Died at Bear Dan

Town Ballt.

County

MARYLAND

Date of death 1907 Month Jan Day 17

Age about 16 yrs.

Months Days

Sex female

Color or Race white

Birthplace

Bear Dan

Occupation domestic

Where Residing if not
at place of death

Married, Single
or Widowed

Smith

Name of Wife or
Husband

Father's Name

Mary Kellummy

Father's Birthplace

Bear Dan Pa

Mother's Maiden Name

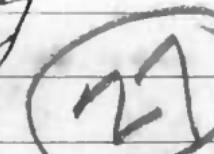
Unknown

Mother's Birthplace

Unknown

Name of person giving
Information

How related
to deceased



CAUSES OF DEATH

Primary

Pulmonary Tuberculosis about 1 yr.

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

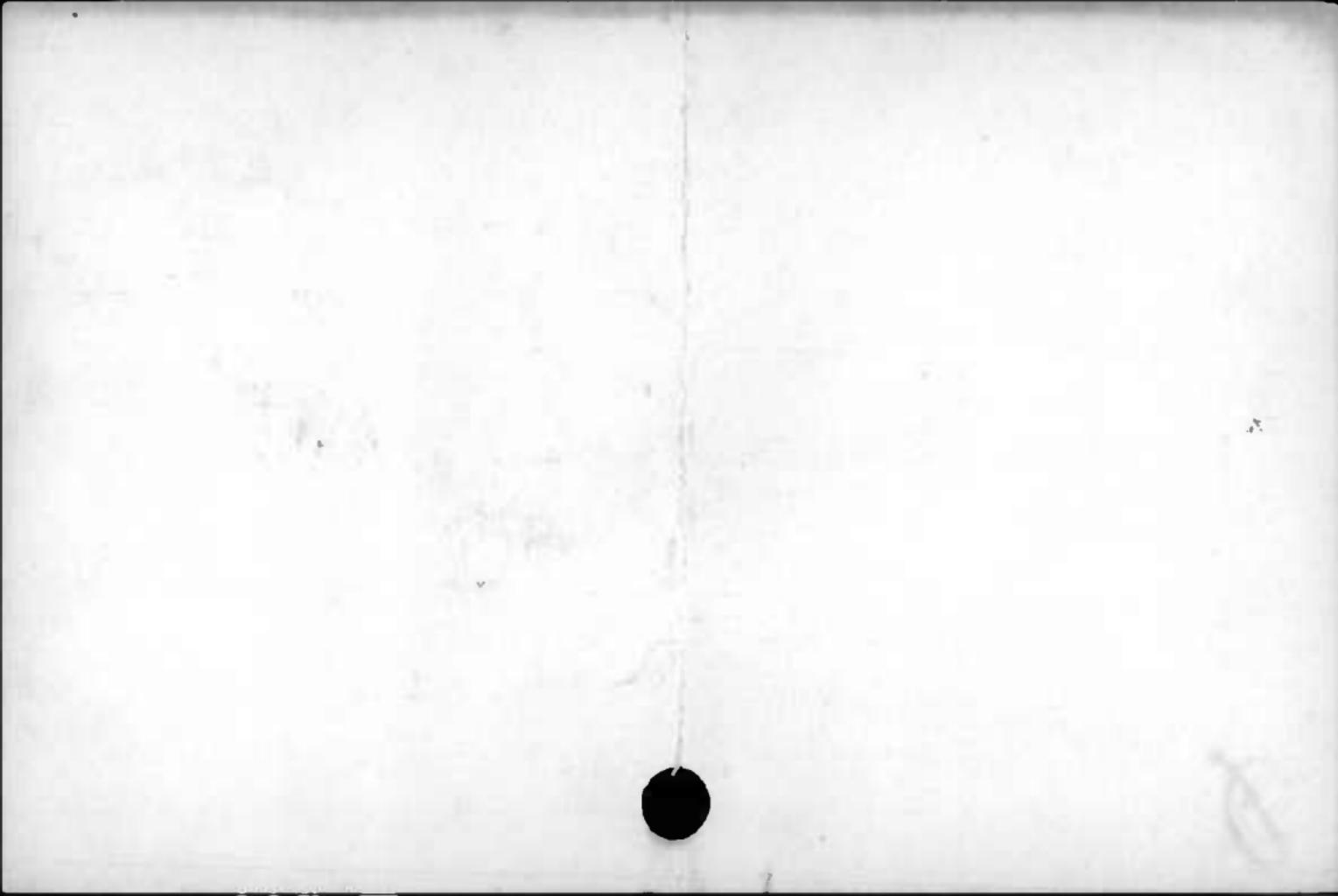
B. T. Burrell

Address

Texas Mt.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Oscar

Kimmarle

CERTIFICATE OF DEATH

Died at <u>Canton</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>8</u>	Years	Munths <u>15</u>	Days <u>29</u>
Sex <u>wife</u>	Color or Race <u>white</u>	Age <u>white</u>			
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>Chas Kimmarle</u>		Father's Birthplace <u>Baltw Md</u>			
Mother's Maiden Name <u>Barbara Kreppel</u>		Mother's Birthplace <u>Baltw Md.</u>			
Name of person giving Information <u>Chas Kimmarle</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

Primary <u>Pseud Membranous Laryngitis</u>	How long <u>48 hrs.</u>
Immediate <u>Gastritis + Toxemia</u>	How long <u>3 or 4 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J.W. Wright</u>
	Address <u>515 - cn. Canton & Dillon Sts.</u>
Accident or Suicide?	

crop

silviculture

Name
in
Full

Stillborn child of Andrew & Amelia Kormauer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Baltimore City	
Father's Name	Andrew Kormauer		Mother's Birthplace	Baltimore City	
Mother's Maiden Name	Amelia Spitzer		How related to deceased	Baltimore Co	
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Eris Burkhardt
1011 Bouldin St.

Accident or Suicide?



Name
in
Full

Marianna Powalski

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

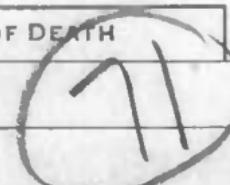
PHYSICIAN
OR CORONER

Died at	Baltimore	County	MARYLAND
Date of death	1907 Jan.	Month Day	Years Months Days
Sex	Female	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Martin Powalski		
Mother's Maiden Name	Eicilia Birdka.		
Name of person giving information	Martin Powalski		

CAUSES OF DEATH

Primary

Spasm.



How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of

Address

David A. Thompson
1500 Highland Ave.
Baltimore County Md.

Accident or Suicide?

Henry 'son
Holy Rosay Cen

Name
in
Full

Larry (Landover)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	Month Jan	Years 75	Months	Days
Sex Female	Color or Race white	Birth-place Germany	Baltimore	
Occupation None	Where Residing if not at place of death			
Married, Single or Widowed married	Name of Wife or Husband Marity Landover	Baltimore		
Father's Name Reuben Rihenberger	Father's Birthplace Bararia	Baltimore		
Mother's Maiden Name Unknown	*Mother's Birthplace Bararia	Baltimore		
Name of person giving Information Dr W P. Dunton Jr	How related to deceased None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility (Arterio-sclerosis) 48

How long

2 yrs +

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Wm Pusl Dunton Jr

Address

Towson, Md

g

Accident or Suicide?

No

Jacob Abramson
Mederator
150 Madison Street
Hebrew Cemetery

Name
in
Full

Mike Lautiere Saurdy

JAN 11 1907

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Texas	Baltimore.			
Date of death	1907	Month	13	Day	Years
					22
Age		Months		Days	
Sex	male	Color or Race	white	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Alfonse Lautiere Saurdy				
Mother's Maiden Name	Francesca Fort				
Name of person giving information	Frank Parlem				
How related to deceased	Step brother				

CAUSES OF DEATH

Primary

91

How long

Immediate

Broncho-pneumonia about 5 days

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. T. C. Bussey

Address

Texas
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

To Be Performed By
Ensor & Price
at St Joseph's
Leprosy

John Wesley Lee

CERTIFICATE OF DEATH

Died at <u>Roxbury</u>		Town <u>Baltimore</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>1</u>	Day <u>27</u>	Age <u>77</u> Years	Months <u>11</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Co</u>			
Occupation <u>Retired Merchant</u>	Where Residing if not at place of death <u>Roxbury</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife Husband <u>Emily Lee deceased</u>				
Father's Name <u>William Lee</u>	Father's Birthplace <u>Baltimore Co</u>				
Mother's Maiden Name <u>Rebecca Devine</u>	Mother's Birthplace <u>Baltimore Co</u>				
Name of person giving Information <u>Mrs H. H. Hook</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

Primary Chronic cystitis (10 years) (23) How long 8 years

Immediate Uraemia How long 2 days

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

R. C. Marsenburg

Address

Roxbury

Accident or Suicide?

John Burns Sars

Prospect Hill

Parson

Jan'y 29th 1907

Name
in
Full

Lorenard) William

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catoonsville</u>		County <u>Baltimore</u>	MARYLAND	
Date of death <u>1907</u>	Month <u>Jun</u>	Day <u>27</u>	Age <u>79</u>	Years Months Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>		
Occupation <u>Miller</u>	Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name <input checked="" type="checkbox"/>	Father's Birthplace <input checked="" type="checkbox"/>			
Mother's Maiden Name <input checked="" type="checkbox"/>	Mother's Birthplace <input checked="" type="checkbox"/>			
Name of person giving information <input checked="" type="checkbox"/>	How related to deceased <input checked="" type="checkbox"/>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

J

Primary

Senile Dementia

How long

6 yrs.

Immediate

Pneumo-Pneumonia

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

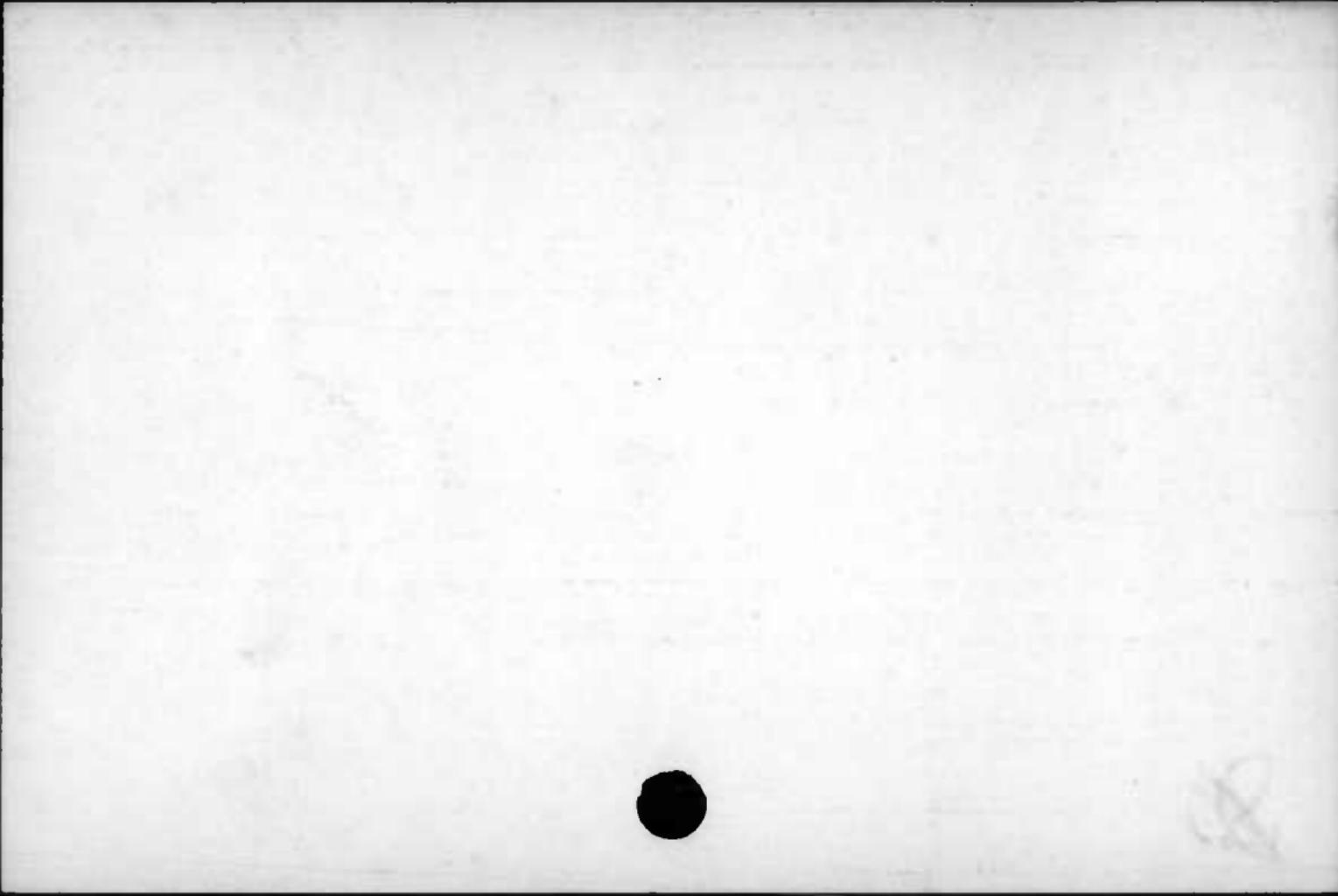
Signature of Physician

Address

Ding Nudie
Catoonsville, Md

Accident or Suicide?

No.



Name
in
Full

William Logan.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Jan.	Day 16	Years 55	Months 6	Days 29
Sex Male	Color or Race white	Birth-place Ireland			
Occupation Labourer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Elizabeth Logan	Father's Birthplace Ireland			
Father's Name John Logan	Mother's Birthplace " "				
Mother's Maiden Name Susan Williamson	How related to deceased wife				
Name of person giving information Elizabeth Logan					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

Two weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

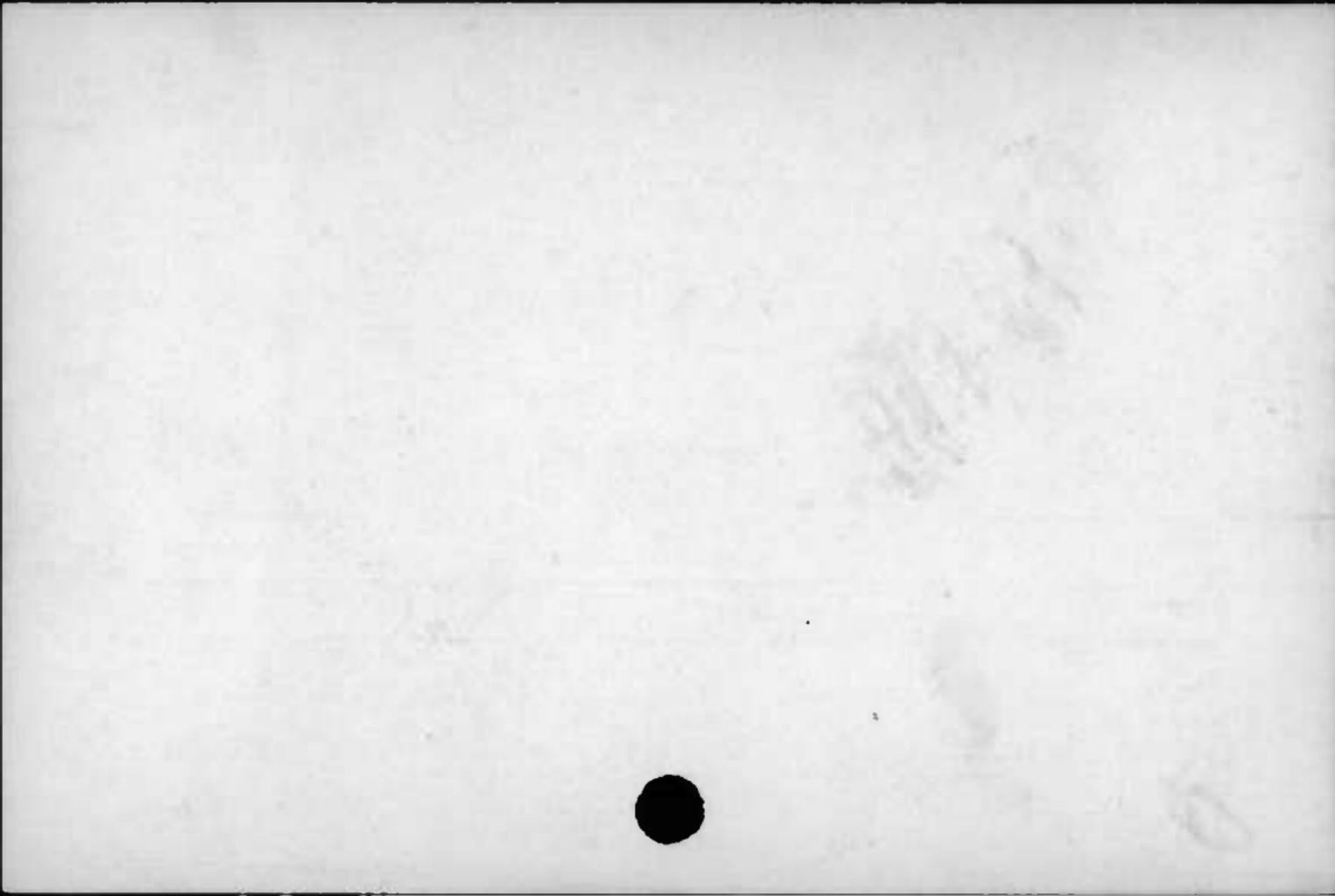
Signature of Physician

Address

E. B. Britton MD
1711 E. Back St.

8

Accident or Suicide?



Name
in
Full

Andrew Lorber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Unknown	Father's Birthplace	
Mother's Maiden Name	Unknown	Mother's Birthplace	
Name of person giving information	Robert M. Gandy	How related to deceased	

CAUSES OF DEATH

Primary

Drowned

(172)

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

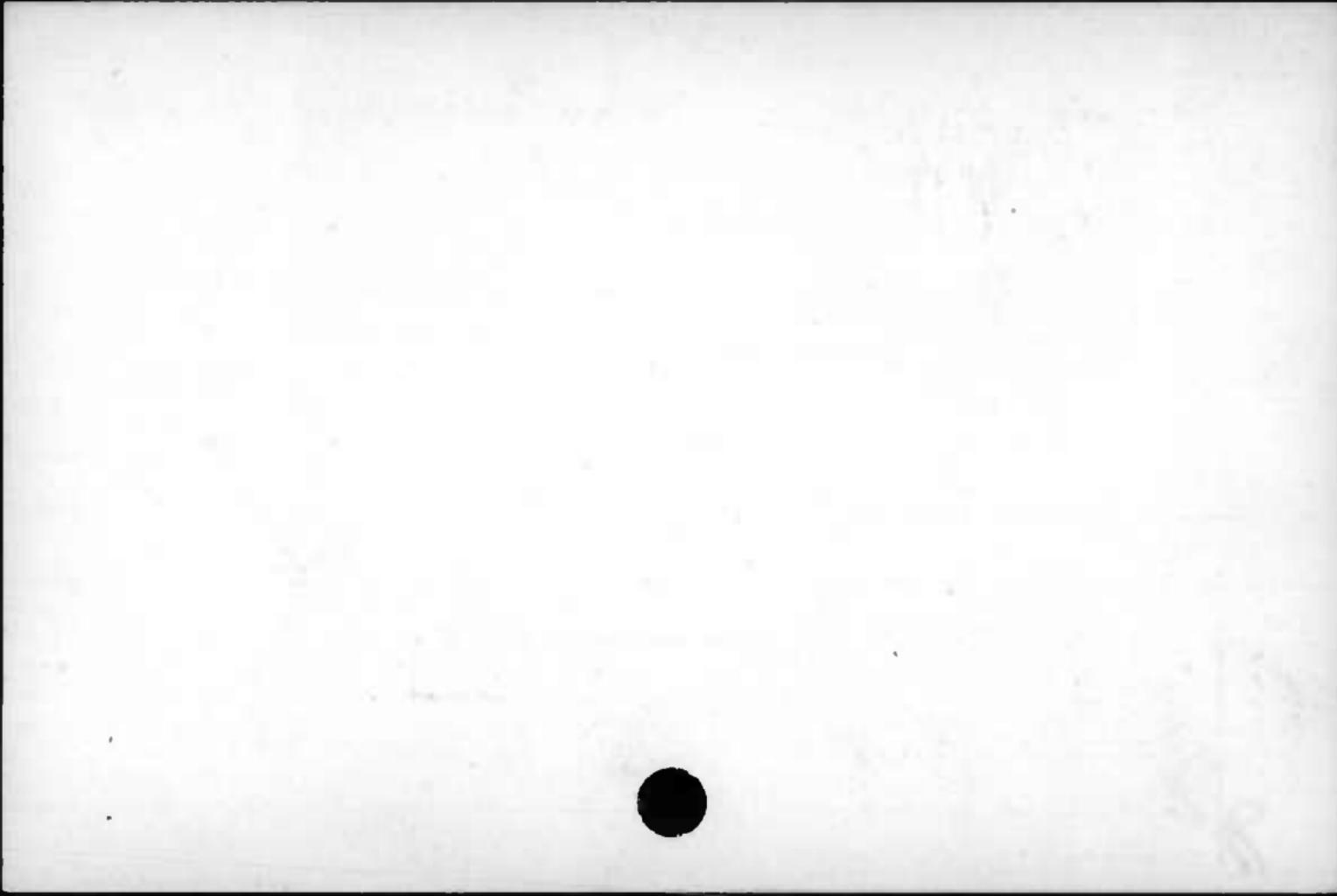
Signature of Physician

Address

John H. Davis
Coroner
Annapolis

PHYSICIAN
OR CORONER

Accident Drowned
Accident Suicide?



Name
in
Full

Michael Lordi

JAN 12 1937

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND	
Date of death 190	Month	Jan	Day	Age	Years 29 Months Days
Sex Male	Color or Race	white		Birth-place	Italy
Occupation Labourer	Where Residing if not at place of death 207-Second St.				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Vincent Lordi	Father's Birthplace Italy				
Mother's Maiden Name Donata Lordi	Mother's Birthplace				
Name of person giving Information Patrick Lordi	How related to deceased brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accident

How long

immediate

Immediate

Killed

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

P.A. Dunnigan

Killed by being run over by train on the P.B & W.Ry.

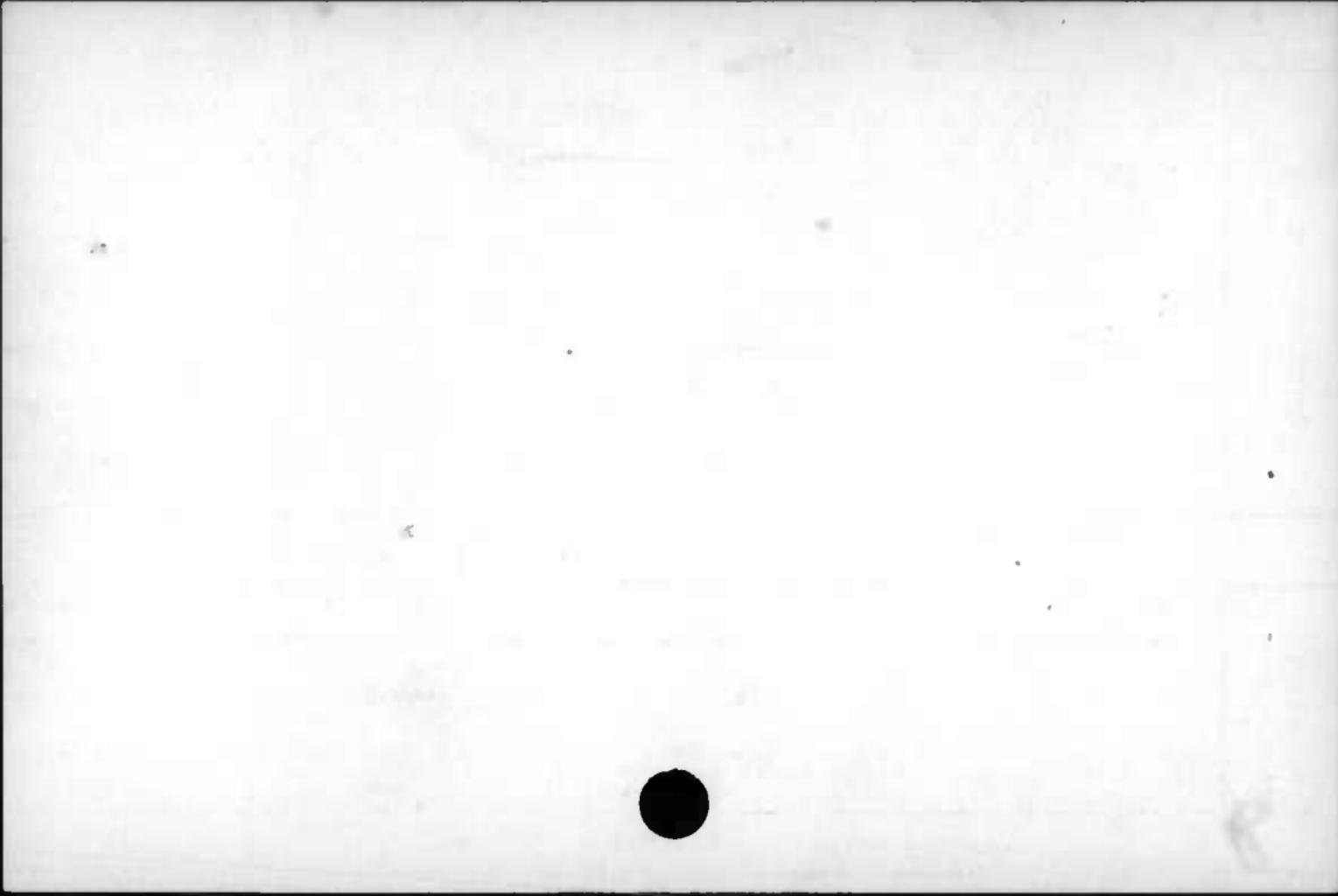
Address

208 Boone St.
Coroner

Accident or Suicide?

Accident

8



Name
in
Full

Margaret Lutz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	William Lutz			
Father's Name	Christopher Seifert				Father's Birthplace
Mother's Maiden Name	not known				Mother's Birthplace
Name of person giving Information	Harry Lutz				How related to deceased

PHYSICIAN
OR CORONER

Primary

Head of humerus
Fracture

CAUSES OF DEATH

164

How long

Immediate

Pneumonia

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

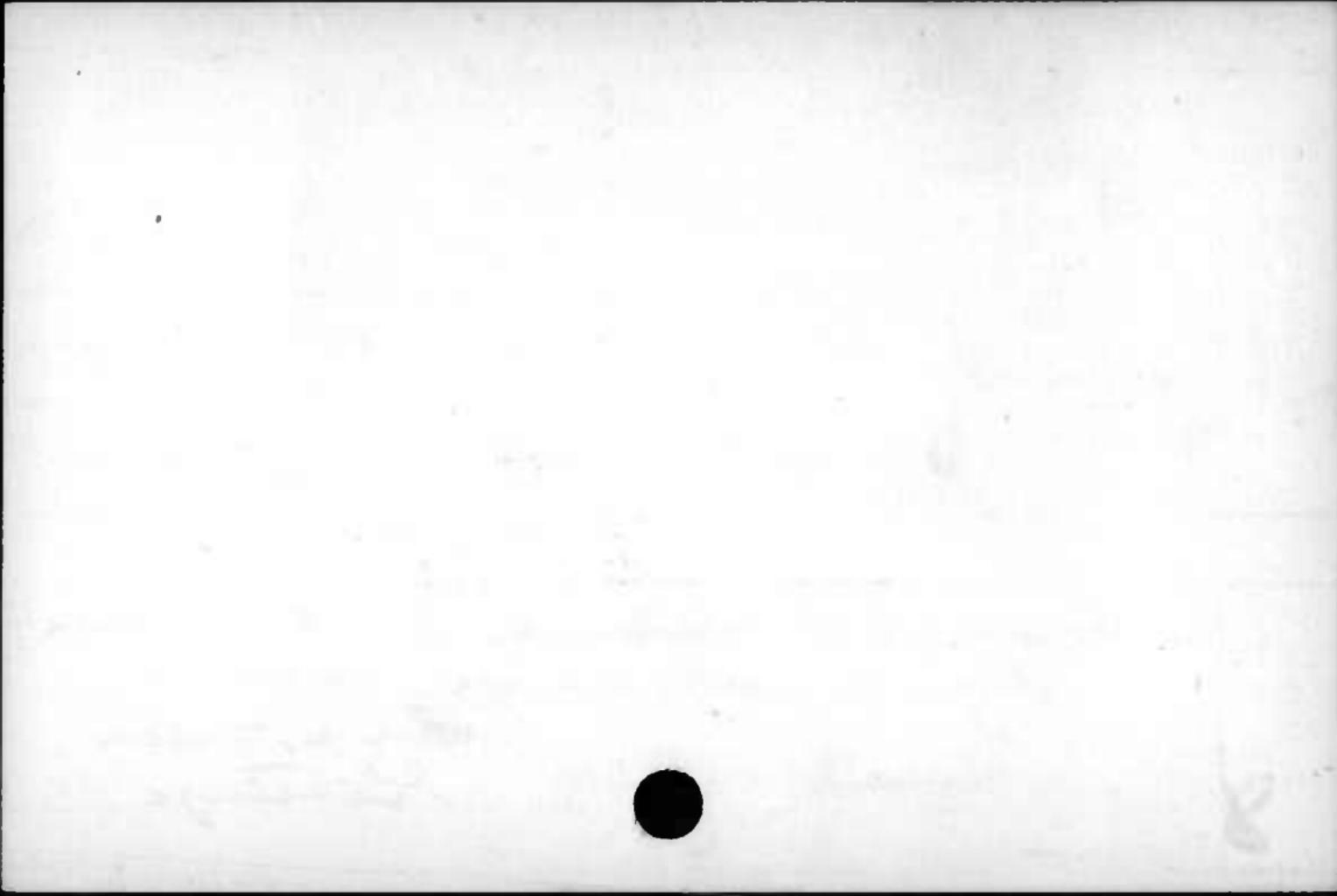
Mr. D. Corse

Gardenville

Fracture of humerus.

Accident or Suicide?

Accident



Name
in
Full

J. Glenn McCormas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	Jan.	7	83	✓	✓	
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Unknown	Father's Birthplace	Maryland	
Father's Name	Amos McCormas			Mother's Birthplace	"	
Mother's Maiden Name	Gleann			How related to deceased	Son	
Name of person giving information	Amos McCormas					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Organic heart disease

19

How long

3 or more years

How long

2 weeks -

Immediate

Acute congestive kidneys

Are the name, age, sex, color, date and place correctly given above?

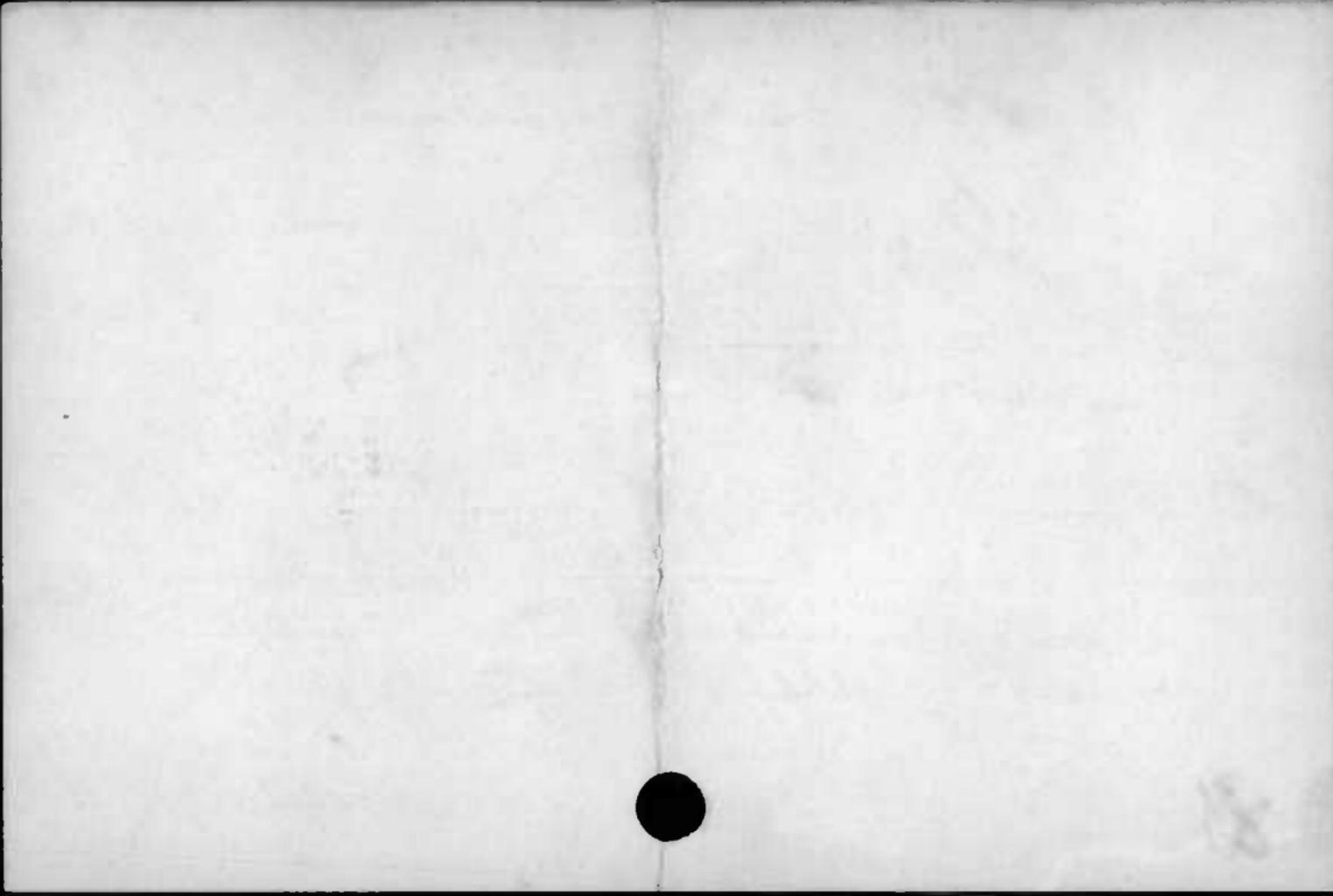
Yes.

Signature of Physician

Address

John S Green
Sitting

Accident or Suicide?



Name
in
Full

Frauke M^c Cresser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County				
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Ireland	
Occupation	Laborer			Where Residing if not at place of death		
Married, Single or Widowed	Unknown	Name of Wife or Husband				
Father's Name	Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Infirmities of age

2 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. S. B. Bussell
Texas Md.

Accident or Suicide?

To be buried at
St Josephs Texas.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Frank Mc Greavy

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	/ Maryland Govans town			
Father's Name	Patrick Mc Greavy				
Mother's Maiden Name	margaret M. McIntyre				
Name of person giving Information	Mrs Mc Greavy				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

Several months

Immediate

Exhaustion

How long

Couple Weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

C. H. Deane
Govans toore
Md

J

Accident or Suicide?

St Mary's Lane
Gorleston
Martin Foley & Sons
Undertakers

Name
in
Full

Thomas W. Mahoney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
190	Jan.	28	56
Sex	Male	Color or Race	white
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Catherine Mahoney
Father's Name	Thomas Mahoney		
Mother's Maiden Name	Mary Rice		
Name of person giving information	Catherine Mahoney		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Labor Pneumonia

How long

1 week

Immediate

Exhaustion

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. L. D. Powers
Bland Hospital
Highlandtown

8
Accident or Suicide?

no

D. Prax.

St. Patrick's Ben.

H. Under Son

Name
in
Full

Mary Jane Medairy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Oscar H. Medairy	610 1/2 Eastern Ave.		
Father's Name	Francis E. McCaulby		Father's Birthplace	Md.	
Mother's Maiden Name	Jennie Walburg		Mother's Birthplace	Del.	
Name of person giving Information	Jennie McCaulby		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lobar Pneumonia

How long

1 week

Immediate

Exsanguination

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

Address

Jas L. Grimes M.D.
3 and 1/2 story
Highlandtown

Accident or Suicide?

Oak Lawn Cemetery

Jan 11th 1907

Germanus ² France

Name
in
Full

Mary E. Mellor

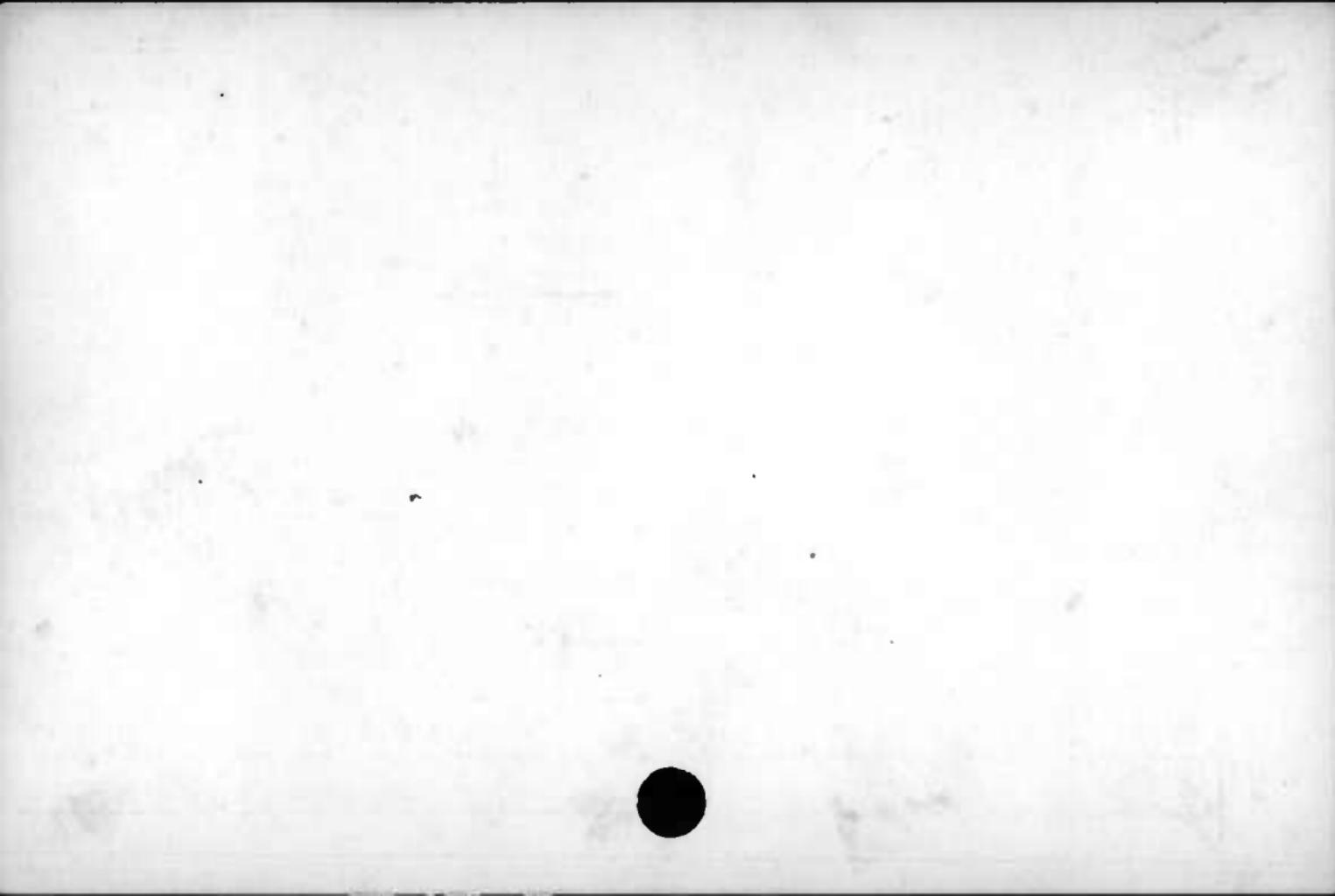
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Second District</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1907 Jan 10</u>	Month	Day	Years	Months	Days	
Age <u>64</u>				<u>2.</u>	<u>17</u>	
Sex <u>Female</u>	Color or Race <u>White</u>				Birth-place <u>Balt. Co. Md.</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Husband <u>Joshua T. Mellor</u>					
Father's Name <u>George Waters</u>	Father's Birthplace <u>do not know</u>					
Mother's Maiden Name <u>Elizabeth Hobson</u>	Mother's Birthplace <u>do not know</u>					
Name of person giving information <u>Jusie Waters</u>	How related to deceased <u>Sister</u>					

CAUSES OF DEATH

Primary <u>Diabetes Mellitus</u>	(50)	How long <u>5 years</u>
Immediate <u>Asthenia</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. B. Gambrill</u>	Address <u>Alberton, Md.</u>
<u>J</u>		
Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Howard Taylor Merriman				CERTIFICATE OF DEATH		
Died at	Rockland	Town	Balts.	County	MARYLAND	
Date of death	1907 Jan 7	Month	7	Day	Years	Months
Sex	Male	Color or Race	white	Age	1	Days
Occupation	None	Where Residing if not at place of death			Rockland	
Married, Single or Widowed	Single	Name of Wife or Husband			Balts. Co.	
Father's Name	John Merriman				Balts. Co.	
Mother's Maiden Name	Mollie Lee				Balts. Co.	
Name of person giving Information	Wife Mollie Merriman	(10)			Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intestinal Gas Griddle

How long

Three days

Immediate

Convulsions

How long

Two hours

Are the name, age, sex, color, date and place correctly given above?

X

Signature of Physician

Address

William L. Smith
Rider.

Accident or Suicide?

✓

Place of Burial
Satyr Cemetery
chestnut-Ridge

John Burns Sm's

Name
in
Full

Fanny Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	female	Color or Race	White Blue	Birthplace	Talbot Co Md
Occupation	Laundry work			Where Residing if not at place of death Same	
Married, Single or Widowed	Married	Name of Husband	Henry Miller	Father's Birthplace	Maryland
Father's Name	Unknown			Mother's Birthplace	Maryland
Mother's Maiden Name	Unknown			How related to deceased	Neighbor
Name of person giving Information	Fanny Hunter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis 21 year

How long

Immediate

Found dead in bed

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. C. Massenburg M.D.

Yes

Address

Paterson

Accident or Suicide?

Austin Jos. B. Herbert, Coroner.

Robert A Elliott
undertaker

Name
in
Full

Sarah M. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Williams Baltimore Co	Baltimore Co				
Date of death 1907	Month Jan	Day 11th	Years 78	Months 11	Days
Sex Female	Color or Race White	Birth-place Baltimore Md			
Married, Single or Widowed Widow	Occupation None				
Name of Husband Donald M. Miller	Father's Birthplace England				
Father's Name Captain Georg W Cook	Mother's Birthplace				
Mother's Maiden Name unknown	How related to deceased Son-in-law				
Name of person giving information Henry L. Esmeish					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Grippe	(10)	How long
Immediate exhaustion	(10)	How long 7 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J.B. Hall	Address 111 W. Main St.
Accident or Suicide? No		

John W. Tempel
Western Cemetery

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

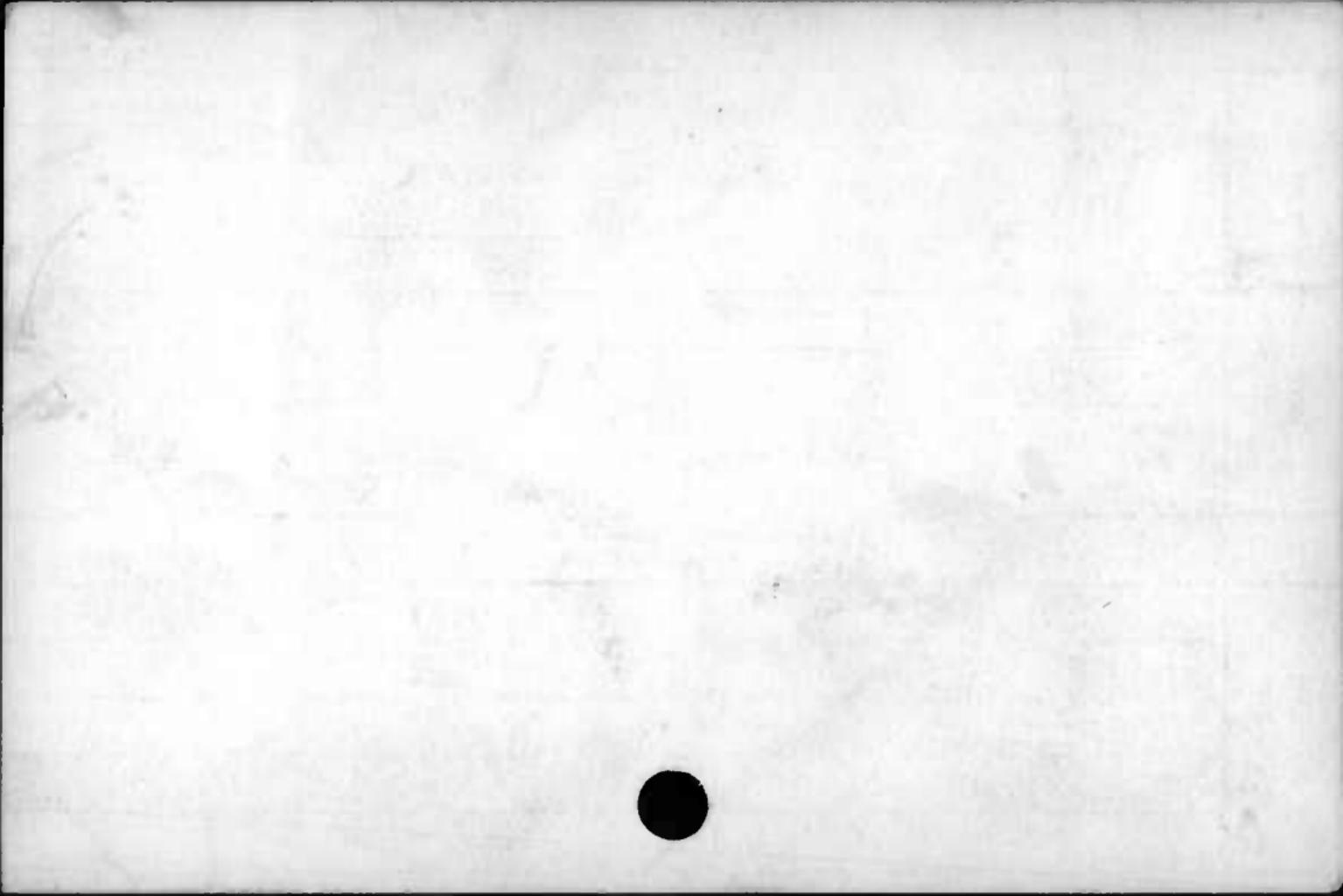
Died at <u>Havensville</u>		Town	County <u>Balts</u>		MARYLAND		
Date of death 190	Month Jan.	Day 7	Years Age 26	Months 9	Days 10		
Sex Male	Color or Race white			Birth- place Balts. Co.			
Occupation Trucker	Where Residing if not at place of death						
Married, Single or Widowed married	Name of Wife or Husband <u>Mary E. Schyeder</u>	Father's Birthplace Germany					
Father's Name <u>Joseph Ruth</u>	Mother's Birthplace Balts Co						
Mother's Maiden Name <u>Elizabeth Rossener</u>	How related to deceased Brother						
Name of person giving Information <u>John Ruth</u>							

CAUSES OF DEATH

Primary <u>Brephal Disease</u>	How long <u>12 months</u>
Immediate <u>Exhaustion</u>	How long <u>12 months</u>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Lindard Whiteford</u>
To the best of my knowledge <u>No</u>	Address <u>Fullerton, Md.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Johanna Oed

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Highlandtown	Baltimore	
Date of death	Month	Day	Years
1907	1	2	53
Age	Months	Days	28
Sex	Color or Race	Birth-place	
Female	white	Germany	
Occupation	Where Residing if not at place of death		
Housewife			
Married, Single or Widowed	Name of Wife or Husband		
Married	Benjamin Oed		
Father's Name	George Leonhardt	Father's Birthplace	
Mother's Maiden Name	Unknown	Mother's Birthplace	
Name of person giving information	Mrs. Broudt.	How related to deceased	
		Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphoplexy

(64)

How long

Immediate

Meningitis

2 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. F. A. Glantz
41 Eastern Ave. F. A.

8

Accident or Suicide?



Name
in
Full

Louis R. Peacock.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Caution	Town	County	MARYLAND	
Date of death	1907 Jan 15	Month Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Baltimore Md
Occupation	Where Residing if not at place of death 204 Elliott St.				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Joseph L. C. Peacock,			Father's Birthplace	Md
Mother's Maiden Name	Maggie W. Peacock			Mother's Birthplace	
Name of person giving information	Maggie W. Peacock			How related to deceased	Mother

CAUSES OF DEATH

Physician
Coroner
P. A. Dunnigan

Primary

Natural

How long

4 months

Immediate

Diarrheal

105

How long

7 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

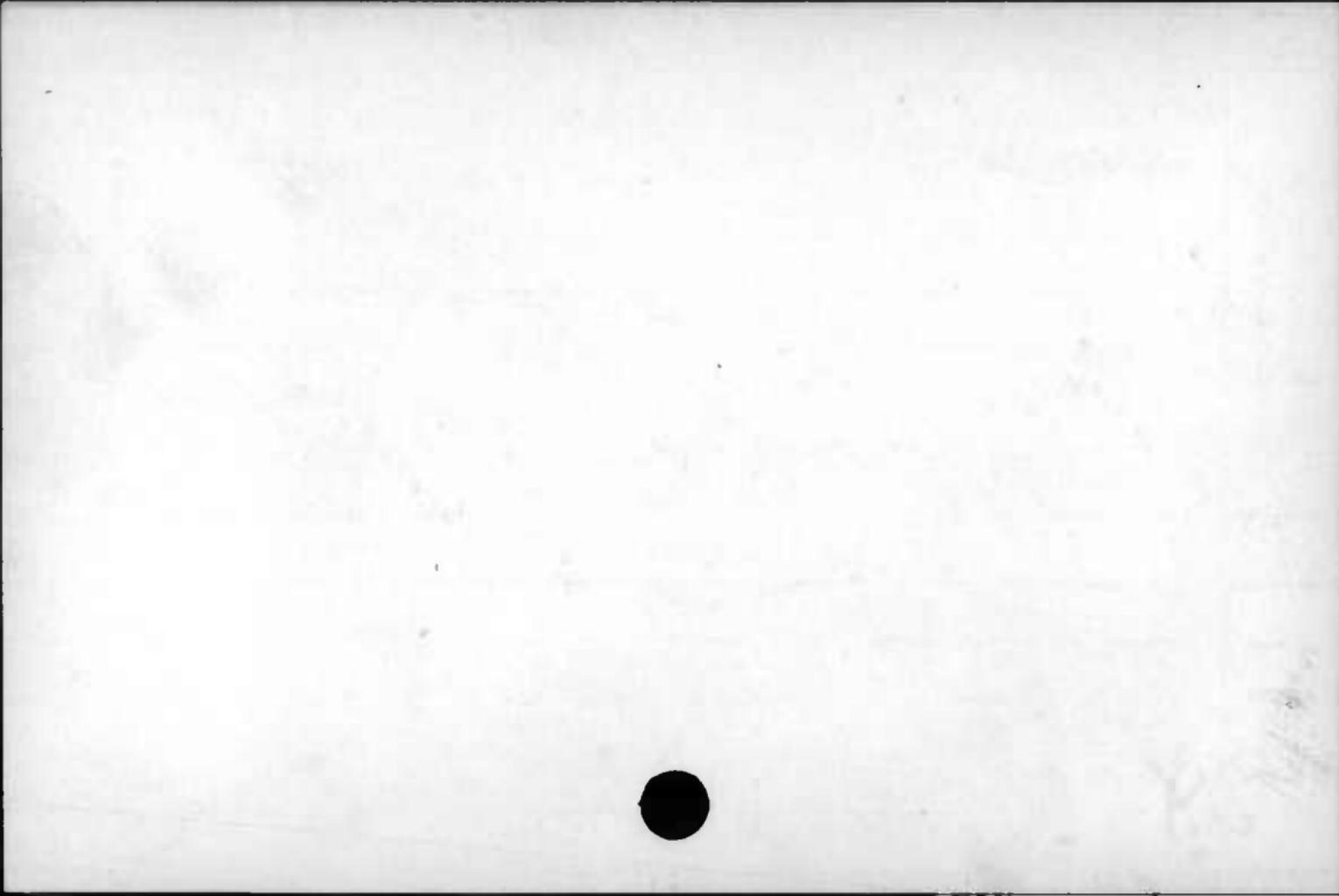
P. A. Dunnigan

yes.

Address

203 Toone St.
Coroner.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

(Peters) Leontine, H.

CERTIFICATE OF DEATH

Died at

Town
Leatonsville

County
Balto.

MARYLAND

Date
of death

190

Month
Jan

Day
5

Years
65-

Months
-

Days
-

Sex
Male

Color or
Race
white

Birth-
place
Maryland

Occupation
None

Where Residing if not
at place of death

Spring Grove

Married, Single
or Widowed
Single

Name of Wife or
Husband
X

Father's
Name
John Peters

Father's
Birthplace
Balto Md

Mother's
Maiden Name
Not Known

Mother's
Birthplace
Balto Md

Name of person giving
Information
Annie A. Peters

How related
to deceased
Sister

CAUSES OF DEATH

Primary
Dementia

How long
30 yrs -

Immediate
Valvular Disease of heart

How long
1 hour.

Are the name, age, sex, color, date
and place correctly given above?

YR.

Signature of
Physician
Pete Kude

Accident or Suicide?
No

Address
Leatonsville, Md

PHYSICIAN
OR CORONER



Jos B Cook
1003 25 Bald St.

Name
in
Full

Baby Phillips.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Eatonville	Balto.		
Date of death	Month	Day	Years
1907	Jan	16	Age
Sex	male	Color or Race	Birth-place
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name	Wm H Phillips	Father's Birthplace	and
Mother's Maiden Name	Ada E Halsey	Mother's Birthplace	and
Name of person giving information	Wm H Phillips	How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

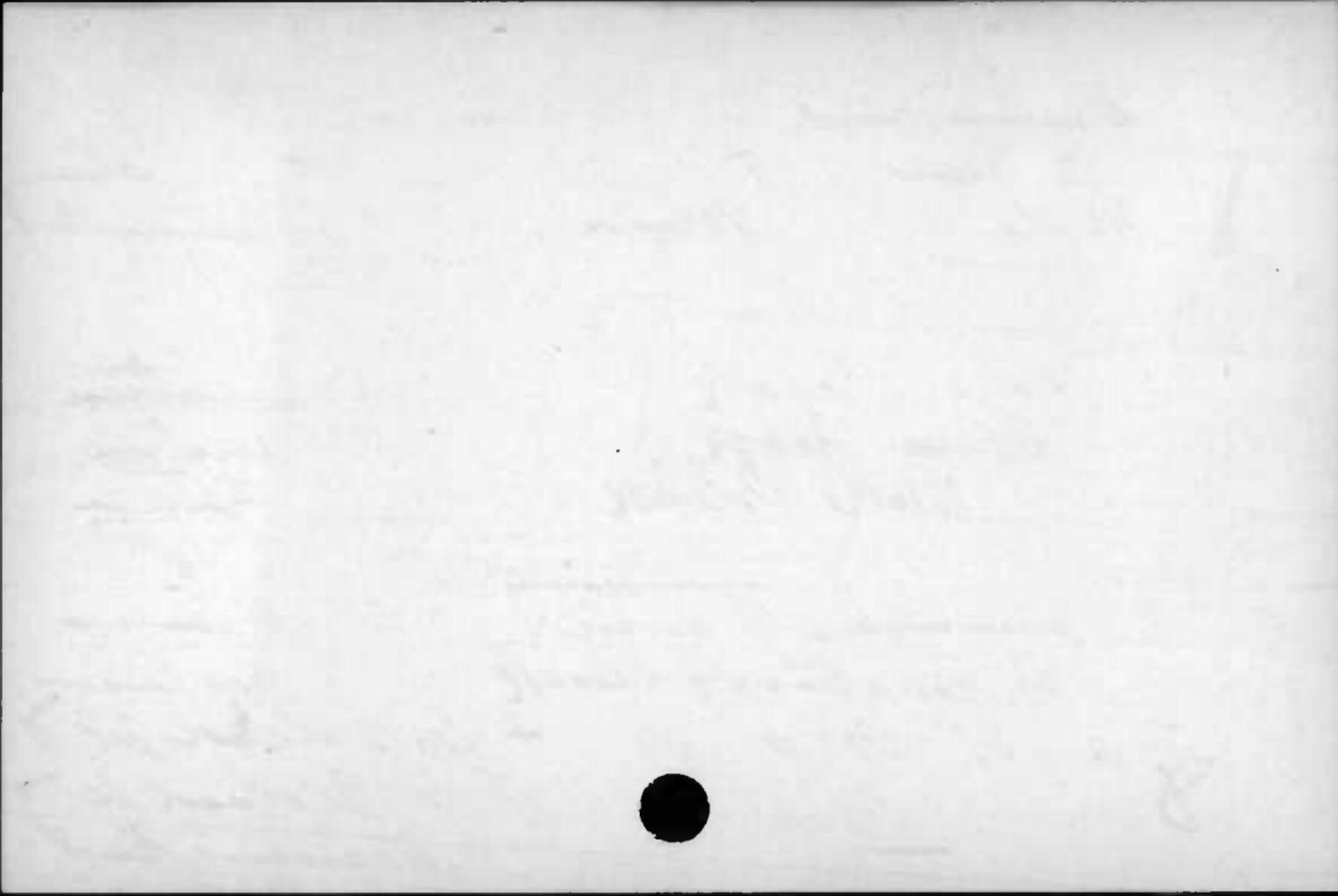
yes

Signature of Physician

Address

Marshall B. Wrot,
Eatonville Md.

Accident or Suicide?



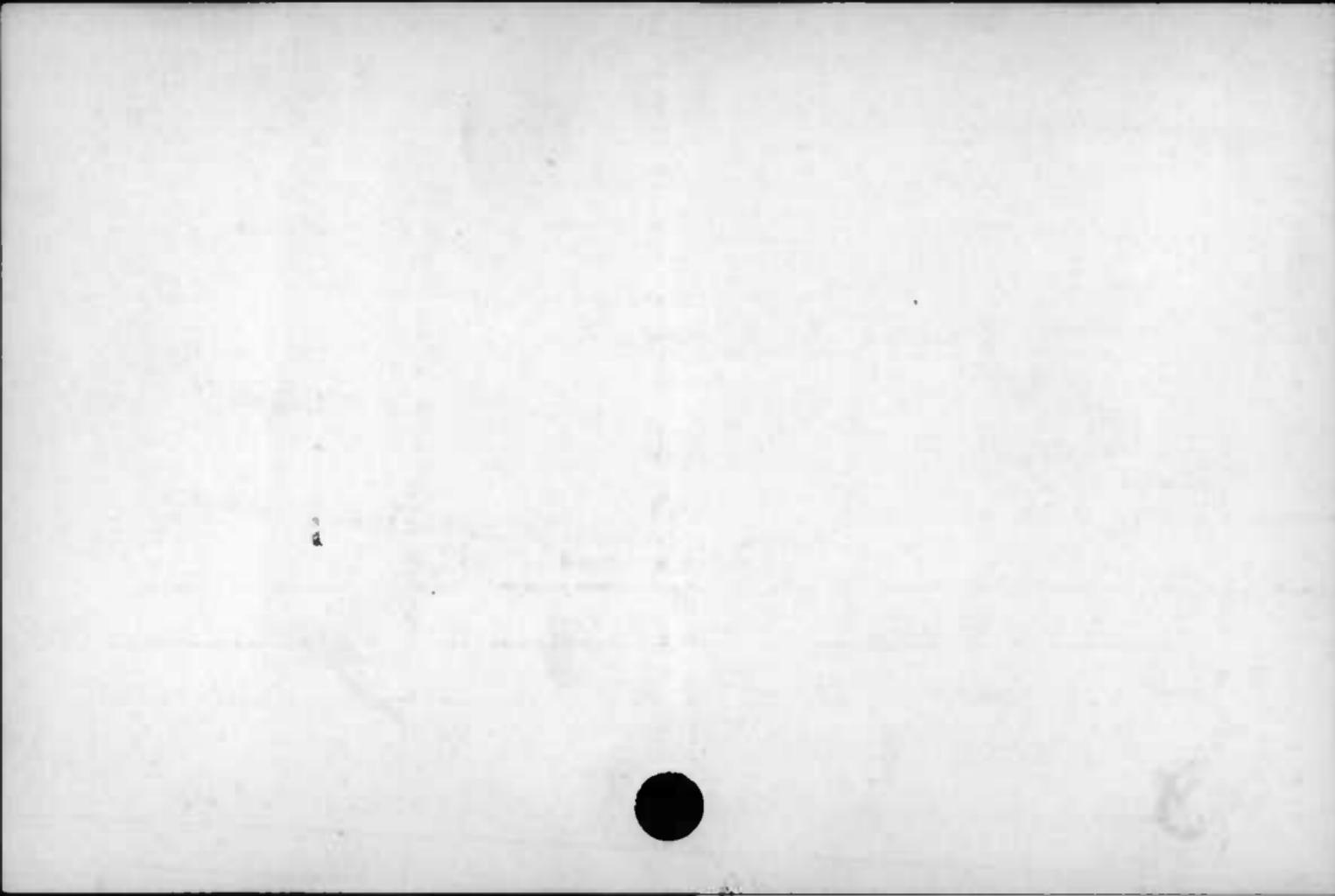
Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Springs Point</u>		Town <u>Pulaski</u> County <u>Pulaski</u>	MARYLAND				
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>15</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>Bluns</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Springs Point</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Mike Pollak</u>			Father's Birthplace <u>Austria</u>				
Mother's Maiden Name <u>Celura Gruzi</u>			Mother's Birthplace <u>Austria</u>				
Name of person giving information <u>Mike Pollak</u>			How related to deceased <u>Father</u>				
CAUSES OF DEATH							
Primary	<u>Hemorrhage of cords</u>			How long <u>152</u>			
Immediate	<u>Exhaustion & shock</u>			How long <u>one hour</u>			
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician <u>F. S. Geddes M.D.</u>				
Accident or Suicide?		—	Address <u>8 Springs Point</u>				



Name
in
Full

Joseph T. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Catonsville	Baltimore			
Date of death 1907	Month Jan.	Day 14	Years 71	Months	Days
Sex male	Color or Race white	Birth-place Delaware			
Married, Single or Widowed Widower	Occupation none				
Name of Wife or Husband Emily Melanahan	Father's Name Joseph Price	Father's Birthplace Wilmington			
Mother's Maiden Name Malilda L. Sanderson	Mother's Birthplace ..				
Name of person giving information M. L. Price	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart disease + nephritis 120
How long
several years

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

J

yes

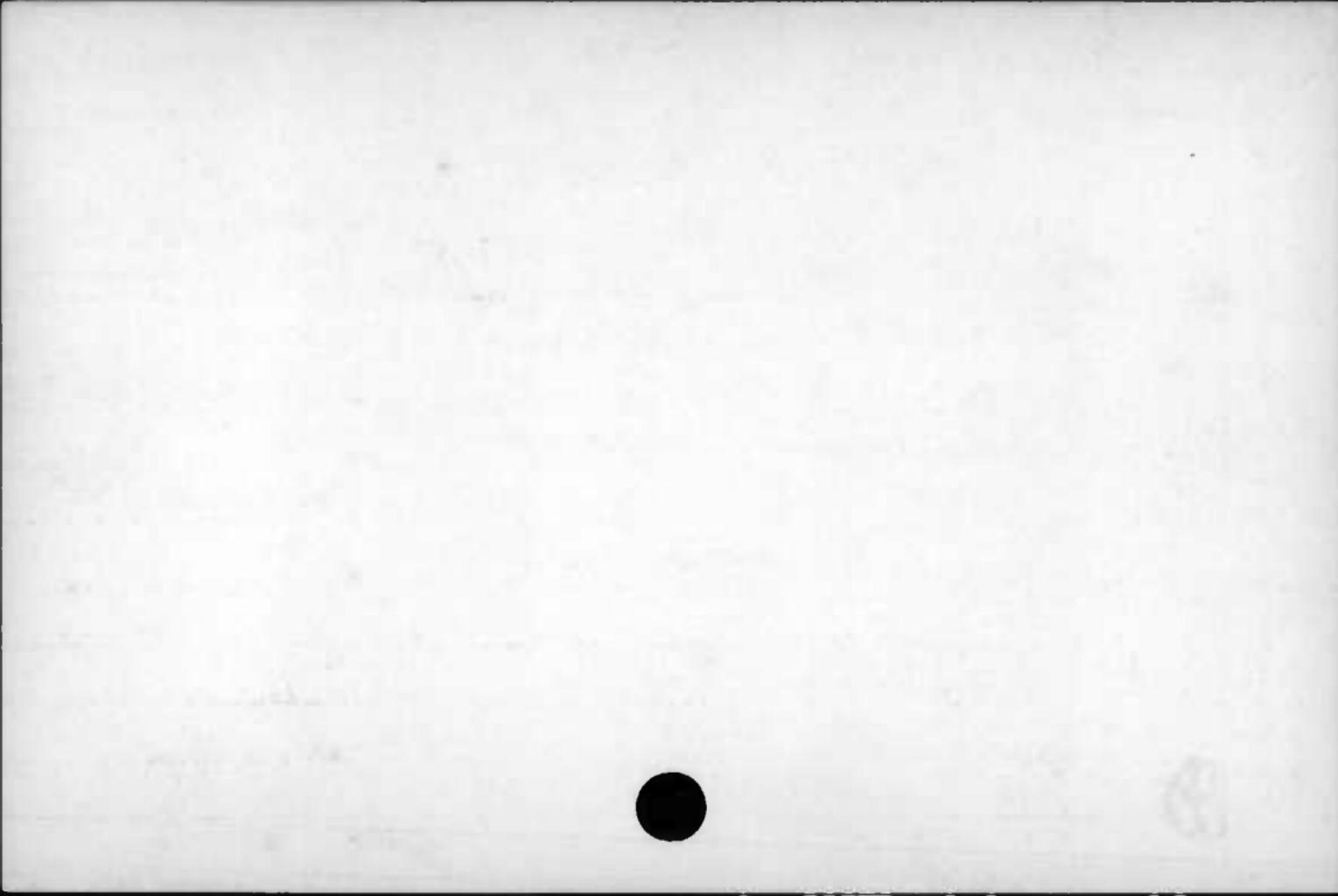
Signature of Physician

Address

Dr. Bushman White

Catonsville
Md

Accident or Suicide?



Name
in
Full

Lucinda Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race		Birthplace		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	William Price			
Father's Name	John Klindeins		Father's Birthplace	Carroll co. Md.	
Mother's Maiden Name	Catharine Smith		Mother's Birthplace	a. o. o.	
Name of person giving Information	William Price				How related to deceased

CAUSES OF DEATH

Primary

Gripe
Paroxysm

10

How long

About 10
days?

How long

4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

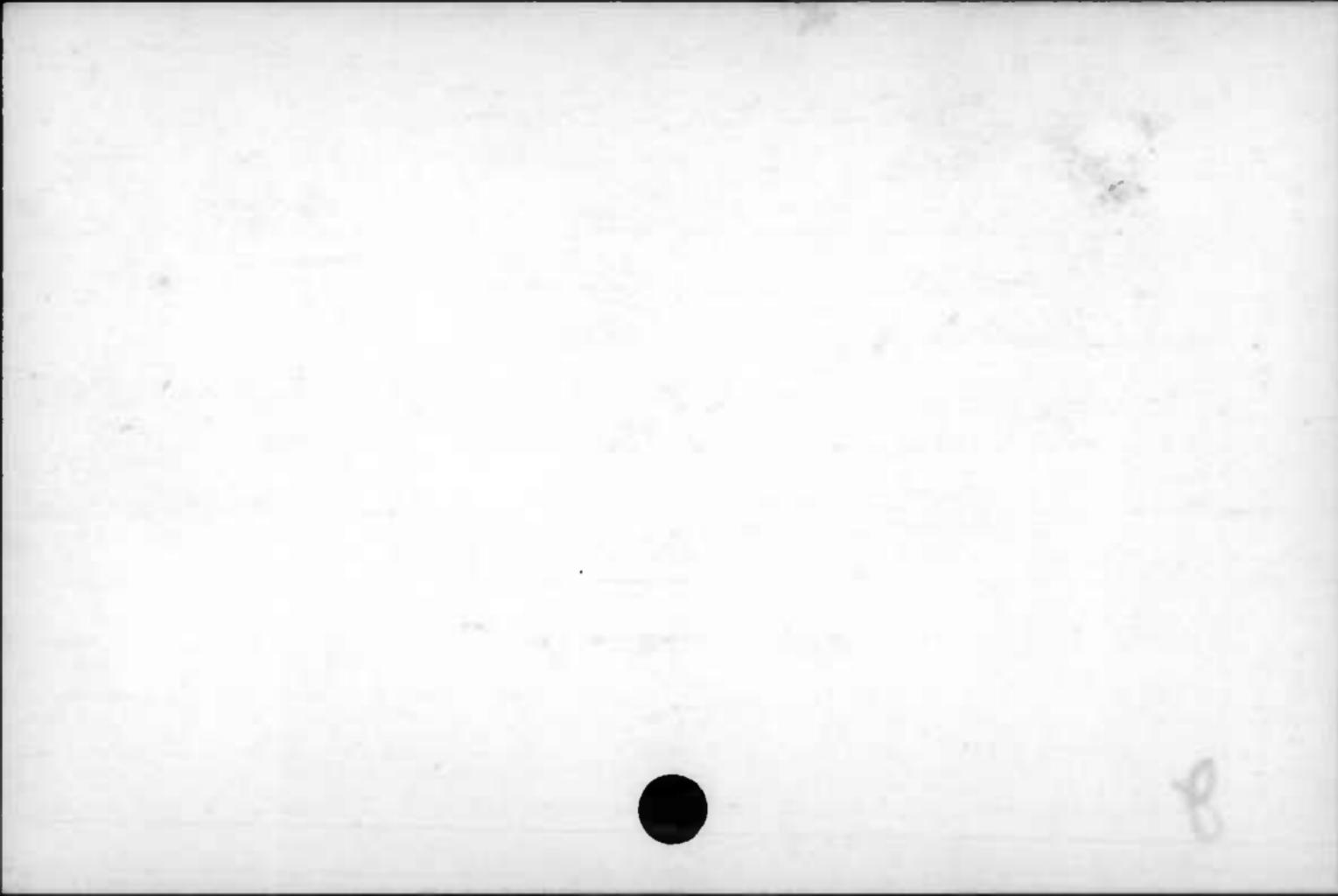
W. W. Campbell

Address

Loving, Md.

J.

Accident or Suicide?



Name
in
Full

None Purdum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Age	still born	Months	Days
Sex	male	Color or Race	white
Occupation	none	Where Residing if not at place of death	—
Married, Single or Widowed	—	Name of Wife or Husband	—
Father's Name	Frank C. Purdum	Father's Birthplace	Maryland
Mother's Maiden Name	Gertrude Berger	Mother's Birthplace	—
Name of person giving Information	F. C. Purdum	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born

How long

Immediate

Hawd. Rose
Gardenville
Md.

How long

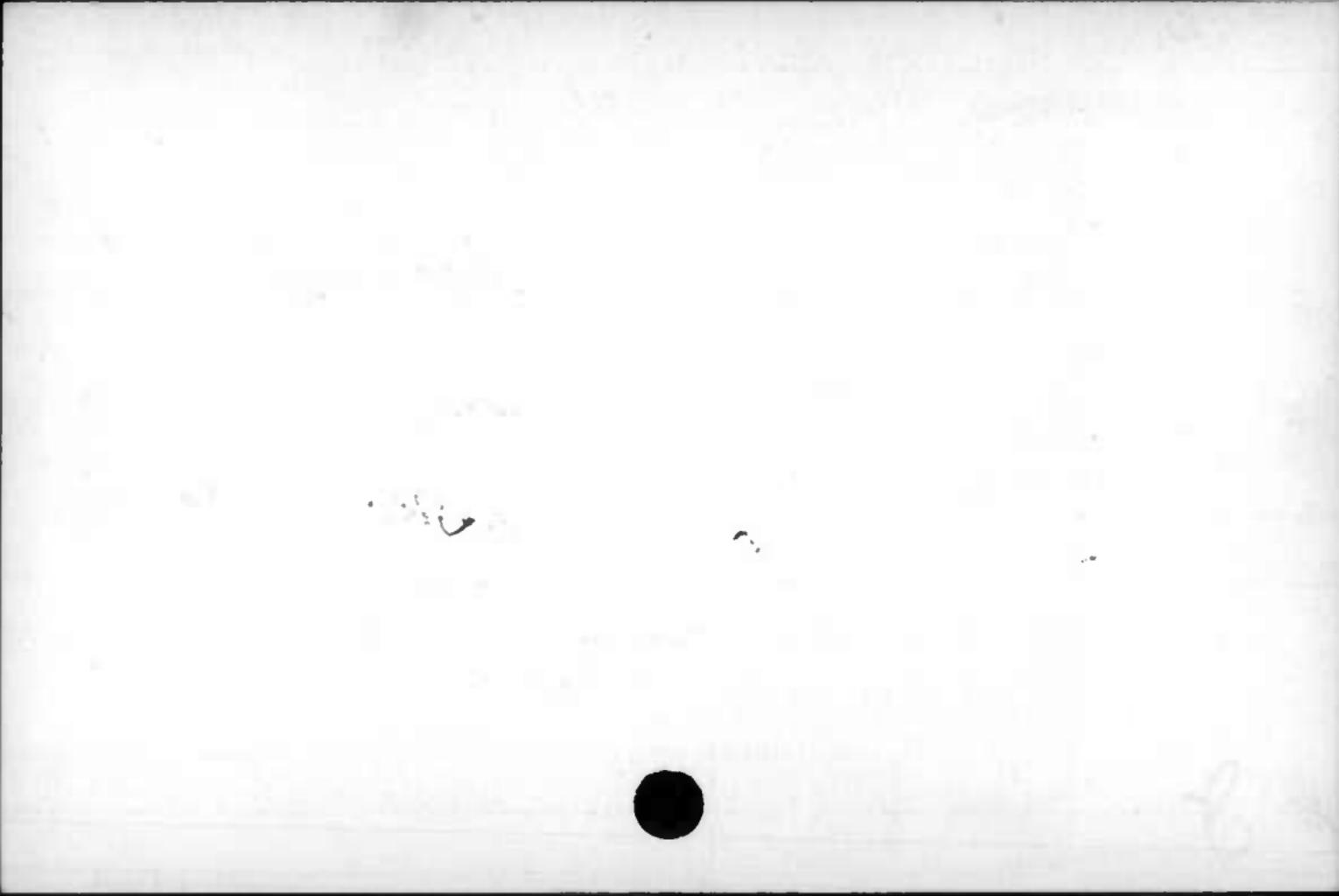
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Henry D. Reith

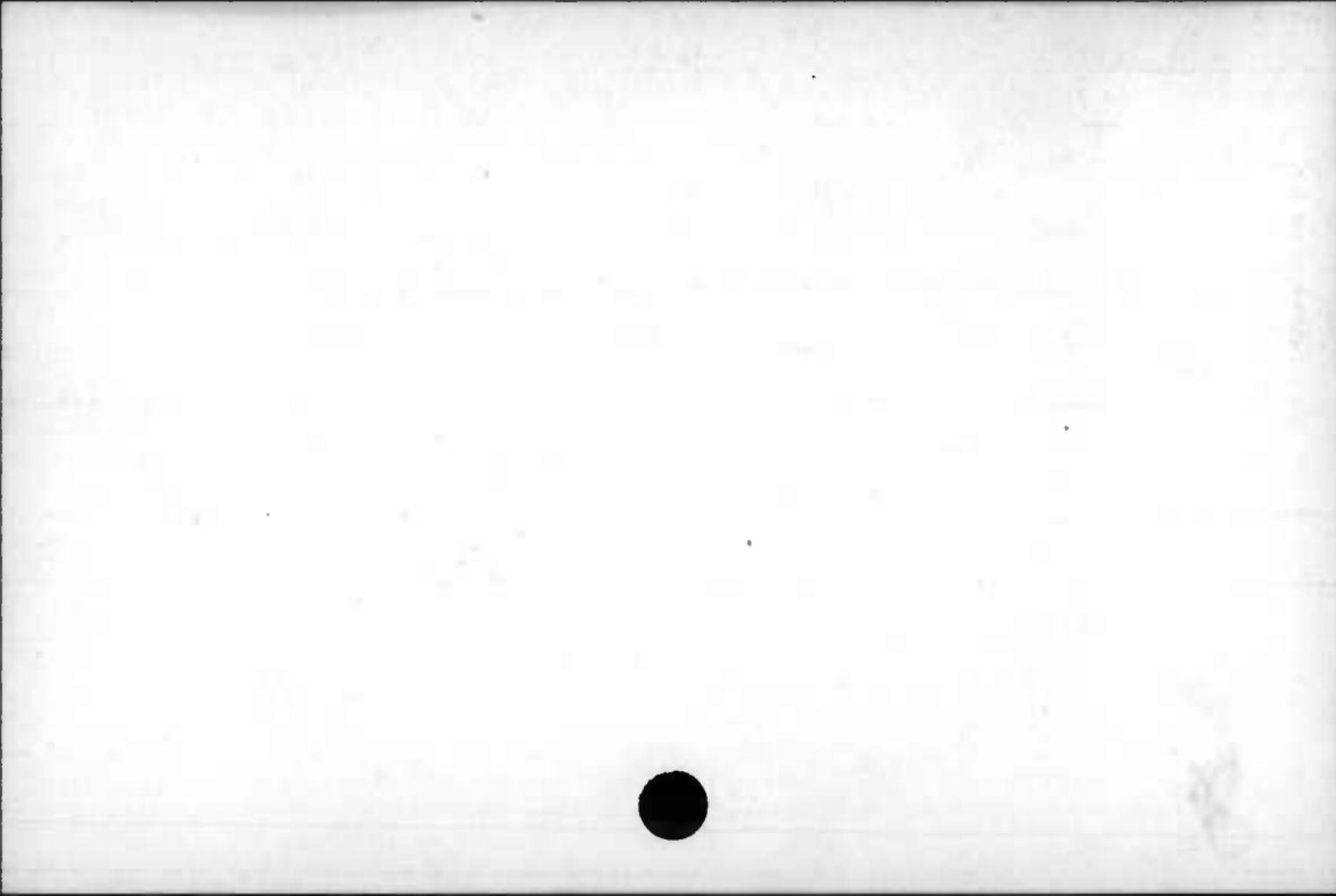
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Mt. Hope Retreat		Town	Baltimore	County	MARYLAND		
Date of death	1907 Jan	Month	3rd	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth place	London Eng -		
Occupation	Canvasser	Where Residing if not at place of death			Richmond Va -		
Married, Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband	Unknown -			Unknown		
Father's Name	Unknown -	Father's Birthplace	Unknown			Unknown	
Mother's Maiden Name	"	Mother's Birthplace	"			"	
Name of person giving information	Reeds Mt. Hope Retreat	How related to deceased	not at all			(X)	

CAUSES OF DEATH

Primary	Maniacludia - toxic -	How long	abt 10 or 11 mos -
Immediate	Ex - Ent - Colitis - Septic -	How long	(X)
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank J. Flannery -
		Address	Mt. Hope Retreat
Accident or Suicide?		(X)	



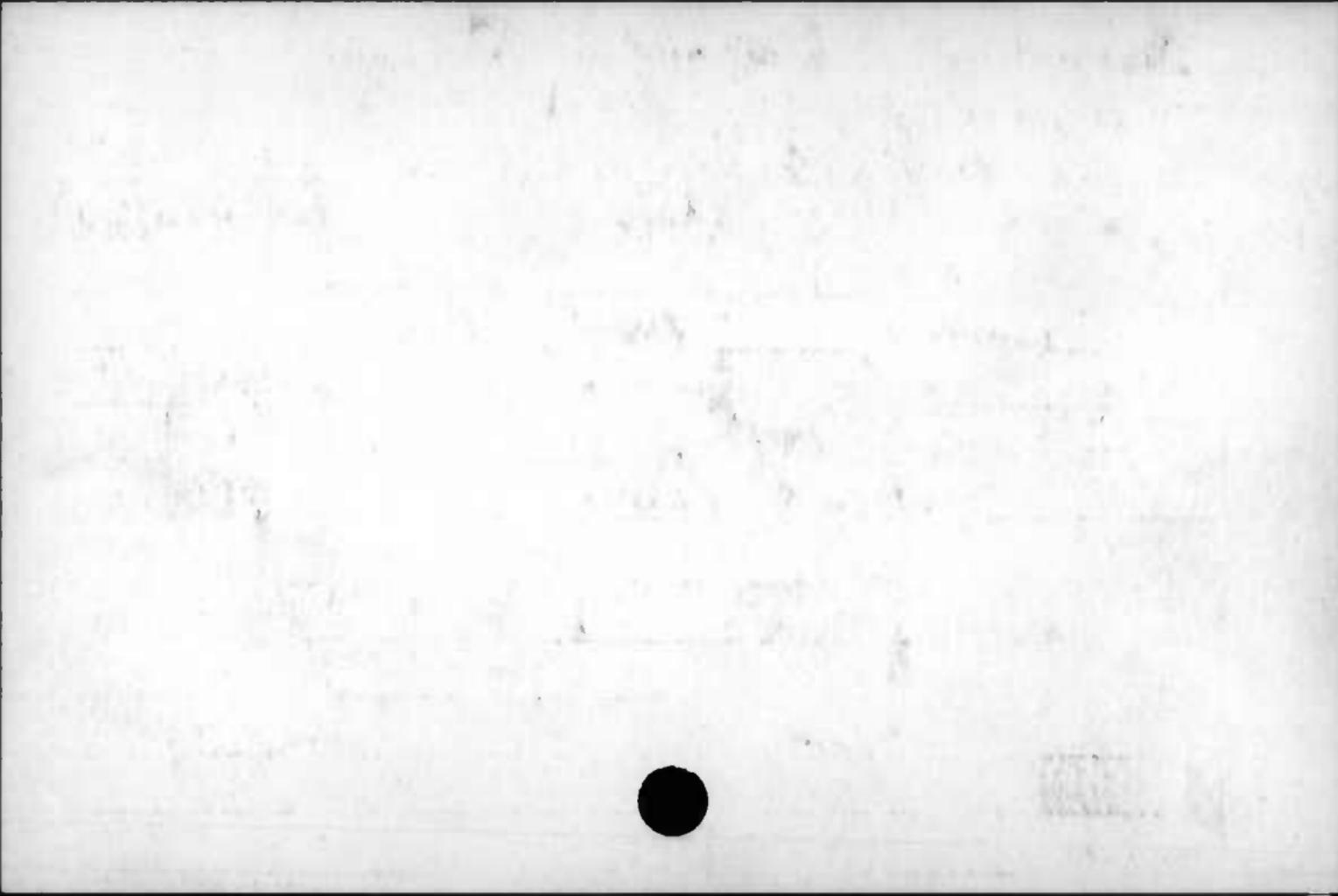
Name
in
Full

Thomas L. Ridgely

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	83	—	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mary Fisher			
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving information	Walter B Ridgely				
CAUSES OF DEATH					
Primary	Cancer of can 44 ✓ ?				
Immediate	Brain involvement 3 months				
Are the name, age, sex, color, date and place correctly given above?					
Yes.					
PHYSICIAN OR CORONER	Signature of Physician Address				
N. G. Stowm D Lellicott city Md.					
Accident or Suicide?					



Name
in
Full

Francis Hull McComas, Rigger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	TOWN	County	MARYLAND
Date of death	Month	Day	Years Months Days
1907	June	27	Age 0 5 15-
Sex	Color or Race	Birth-place	
male	white	Gowans, Md.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Sergeant -	
Infant.	Sergeant -		
Father's Name	F Morris Rigger		
Mother's Maiden Name	Emma Duke		
Name of person giving information	F.M. Rigger		
Father's Birthplace	Balto City		
Mother's Birthplace	Balto "		
How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Illness - Cholitis

(105)

How long

6 da.

Immediate Exhaustion

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Robert E. Sudd

Address

Gowans Md.

Accident or Suicide?

No.

H. Marys. Cen
Jan 24/07
Wm Cook
502 E. Butler

Name
in
Full

James Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died at		County		MARYLAND	
Town Died at	Washington	County	Balt.	Months	Days
Date of death	1907 Jan 14	Age	54	0	10
Sex	Male	Color or Race	White	Birth- place	Ind
Occupation	Dom. Worker	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Beasie E. Riley	Father's Name	Alexander Riley
Father's Name	Alexander Riley	Father's Birthplace	Ireland	Mother's Name	Beasie L. In-Guire
Mother's Maiden Name	Beasie L. In-Guire	Mother's Birthplace	Ireland	Name of person giving Information	Joe. In. Riley
How related to deceased	Son				

CAUSES OF DEATH

Primary

Interstitial Pneumonia

W.D.
diseasing

2 yrs

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

O H Beale Inc

Washington

Ind

Accident or Suicide?

Horace Burger

~~Saint Mary's Cemetery~~
Jovana

Name
in
Full

Male Infant of Abram Rodbell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

~~Abraham Rodbell~~ ~~Russia~~
~~Rachel~~ ~~"~~
~~Harry Bernstein~~ ~~15~~

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

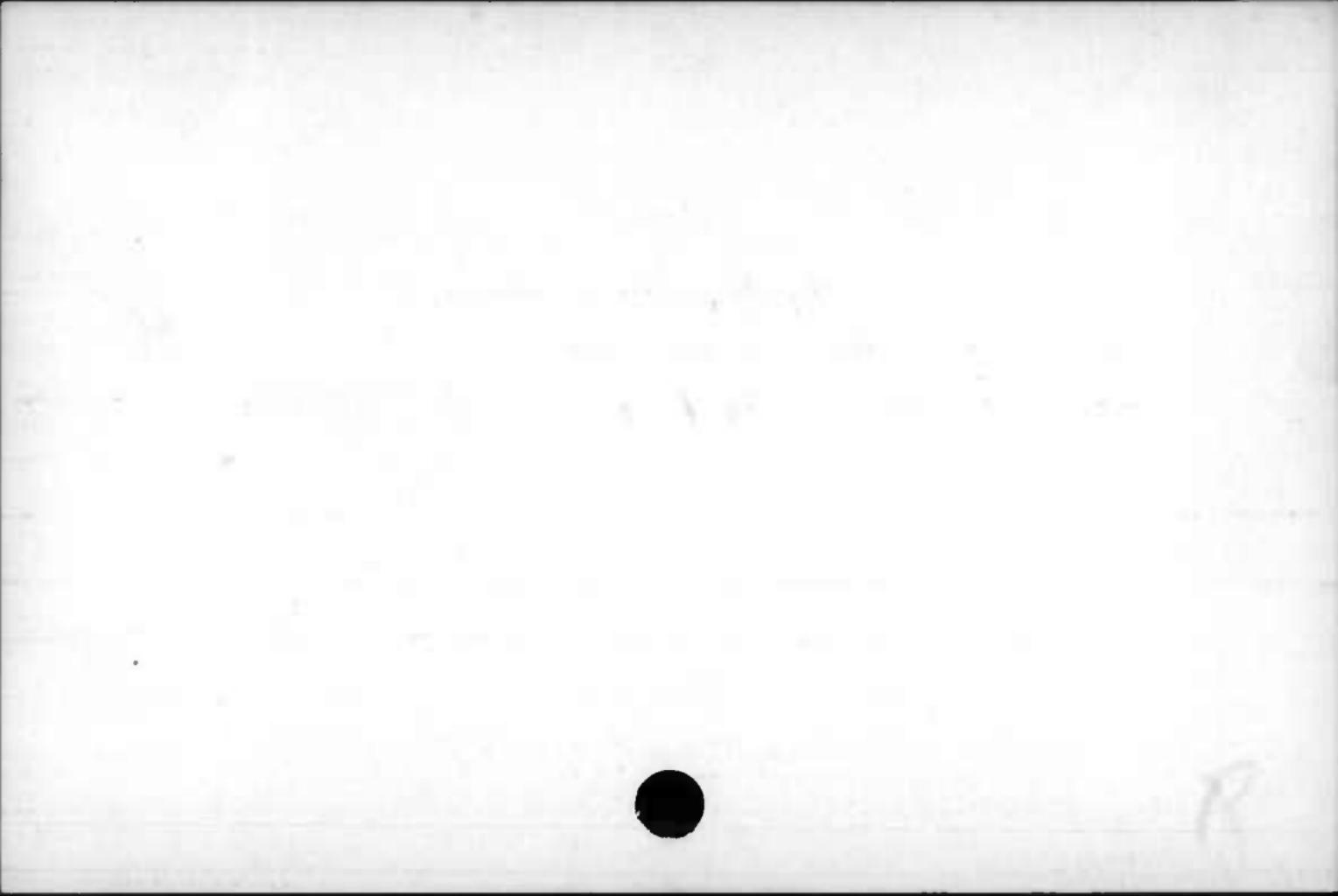
Signature of Physician

Address

J. Fred Adams M.D.
1314 Charles St
Baltimore Md.

Accident or Suicide?





Edward L. Royston

Town

County

Died at

Buckleyville

Bolton

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Data 19

07

1

10

Age

79 1 0

Married

Widow

Ind

Farmer

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

8

Husband of

Wife

Father's Name

Mary Royston

Mother's

John Royston

Maiden Name

Rachel Collett

How long sick

Cause of Death

Primary

La Grippe + Influenza of age

3 weeks.

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Dr. W. R. Pugh, M.D.

Address

Buckleyville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

0170110116

Name
in
Full

Ernest D. S. Sack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	own town Raspeburg		County Baltimore	MARYLAND	
Date of death	Month July	Day 15	Years 64	Months 3	Days
Sex	Male	Color or Race white	Birthplace Germany		
Occupation	Carpenter				
Married, Single or Widowed	Married to Hannah Kunkel		Where Residing if not at place of death Raspeburg		
Father's Name	Adam Sack				
Mother's Maiden Name	Johanna Kunkel				
Name of person giving information	George Sack				

CAUSES OF DEATH

Primary

Cancer of Stomach

How long

40 years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Mr. D. Corry
Gardenville
Ind

PHYSICIAN
OR CORONER

Accident or Suicide?

Baltr. Cmcts -
Andrew Rhode & Son
Furnit. and Bedds

Name
in
Full

George Sauer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND
Date of death 1907	Month Jan.	Day 20	Years 40	Months — Days —
Sex Male	Color or Race White	Birth-place Baltimore		
Occupation Driver	Where Residing if not at place of death 716 East Ave			
Married, Single or Widowed He Single	Name of Wife or Husband —			
Father's Name Andrew Sauer	Father's Birthplace Germany			
Mother's Maiden Name Unknown	Mother's Birthplace Unknown			
Name of person giving Information Berlin Police Station	How related to deceased None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental Running 1012	How long —
Immediate	Accidental Running	How long —
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician David A. Thompson
		Address 1500 Highland Ave
Accident or Suicide?	Accident	Baltimore & Md.

Sacred Heart Cemetery

March 30th 1907

Germanus Thane

An der later

Name
in
Full

Lawrence Schenf

CERTIFICATE OF DEATH

-TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1907	Month Jan.	Day 7	Years	Months	Days 7
Sex	Male	Color or Race	white	Birth-place	Md.	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	Lawrence Schenf			Father's Birthplace	Md	
Mother's Maiden Name	May E Clavell			Mother's Birthplace	Md	
Name of person giving information	Lawrence Schenf			How related to deceased	Father	

CAUSES OF DEATH

Primary

Promaline Birth

(151)

How long

7 days

Immediate

4 Lawton

How long

7 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W.T. Remond, M.D.

Address

528 Hanover St.
Baltimore

Accident or Suicide? -

Sacred Heart Cemetery

Jan. 8th 1907

Germanus Frans

Bang & Wolfe St

under later

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J.

(Schmidt) Elizabeth
Towⁿ County
Died at Eastonsville Baltimore

CERTIFICATE OF DEATH

MARYLAND

Date of death 1907	Month Jan	Day 9	Years 50	Age	Months	Days
Sex Female	Color or Race white	Birthplace Md				
Occupation Milliner	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased				

CAUSES OF DEATH

Primary

Melancholia

92

How long

6 mos.

Immediate

Pneumo-Pneumonia

How long

1 week.

Are the name, age, sex, color, date and place correctly given above?

Yes

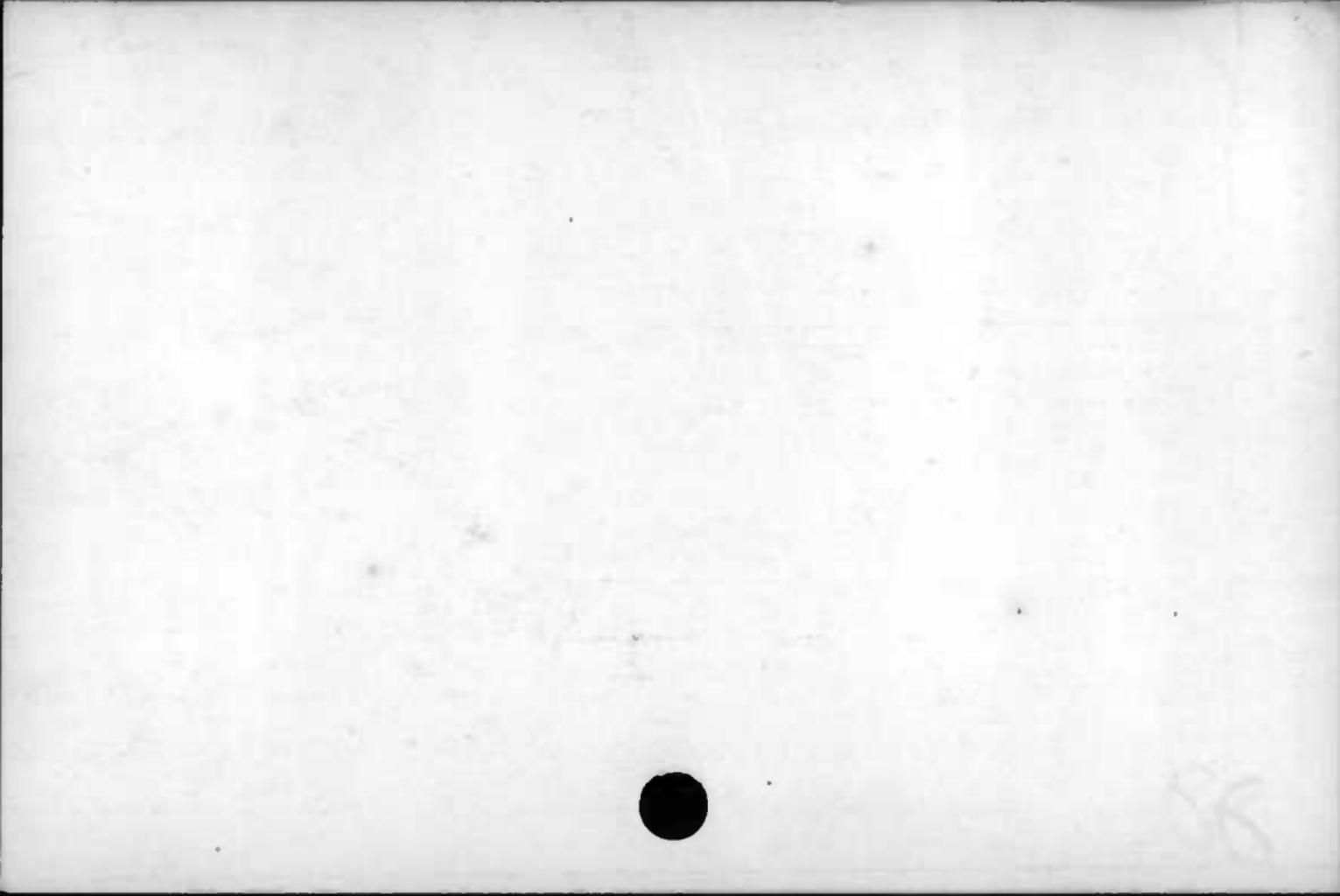
Signature of Physician

Address

Perf. Made
Eastonsville Md

Accident or Suicide?

No.



Name
in
Full

Frederick William Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Quince Mills	Town	County	MARYLAND	
Date of death	1907	Month	Day	Years	Months Days
Sex	Male	Color or Race	White	Age	63
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Quince Mills		
Father's Name	Not known	Henretta Schmidt			
Mother's Maiden Name	Henretta Schröder	Father's Birthplace			
Name of person giving Information	Hugo Schmidt	Germany			
Mother's Birthplace					
How related to deceased					
Son					

CAUSES OF DEATH

93

Primary

Pneumonia

How long

5 days

Immediate

Cardiac Asthma

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm J. Buppert
Raslyn
Baltimore Md.

1
PHYSICIAN
OR CORONER

Accident or Suicide?

4

4

Name
in
Full

Rosanna Schwartz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PATRICK J. O'RORONER
CORONER

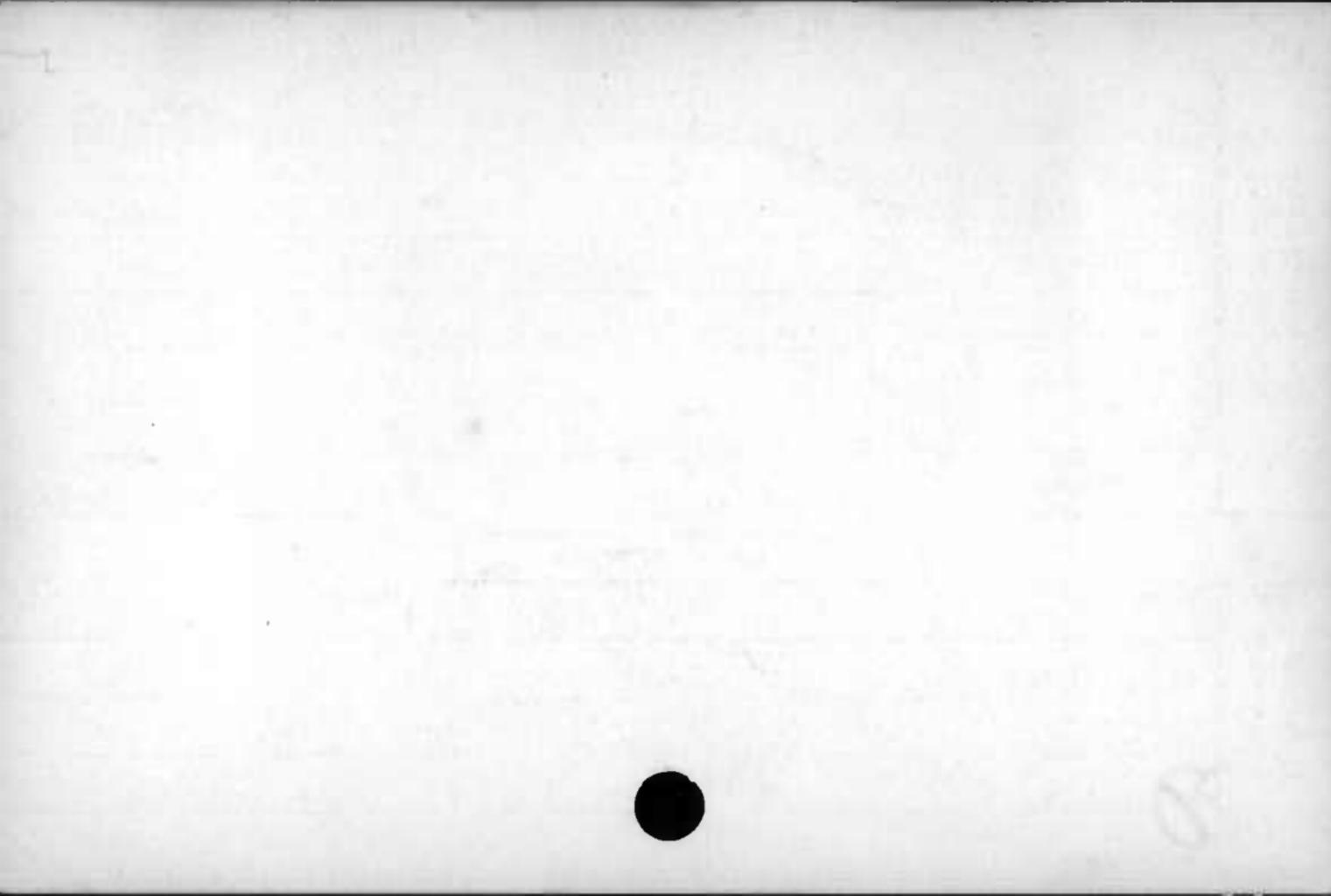
Died at <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Jan.</u>	Day <u>31</u>	Age <u>85</u>	Years	Months <u>2</u> Days <u>9</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Germany</u>			
Occupation <u>Domestic</u>	Where Residing if not at place of death <u>Elmwood 8th St.</u>				
Married, Single or Widowed <u>Married</u>	Name of Husband <u>Geo. M. Schwartz</u>	Father's Name <u>John. Nitzel</u>	Father's Birthplace <u>Germany</u>	Mother's Maiden Name <u>Mrs. John Nitzel</u>	Mother's Birthplace <u>"</u>
Name of person giving information <u>Mary Schwartz</u>	How related to deceased <u>Daughter-in-law</u>				

CAUSES OF DEATH

Primary Natural Causes. How long One year.
Immediate Old age. How long ", "
Are the name, age, sex, color, date and place correctly given above? Yes.
Signature of Physician P. D. Cunningham
Address 203 Boone St.

Accident or Suicide?

Natural
Coroner



Name
in
Full

Henry Schwing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sophia Schwing			
Father's Name	Germany			Father's Birthplace	Germany
Mother's Maiden Name	Germany			Mother's Birthplace	Germany
Name of person giving information	Mrs Mary Gertrude			How related to deceased	Daughter

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Senility	154	How long	Two months
Immediate	Epilepsy		How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	O.H. Beeter
			Address	Montgomery
8				
Accident or Suicide?				

A S Marshall
3639 Falls Road
Jan 2 n 1907
Loudon Park

Name
in
Full

Irene Scott.

CERTIFICATE OF DEATH

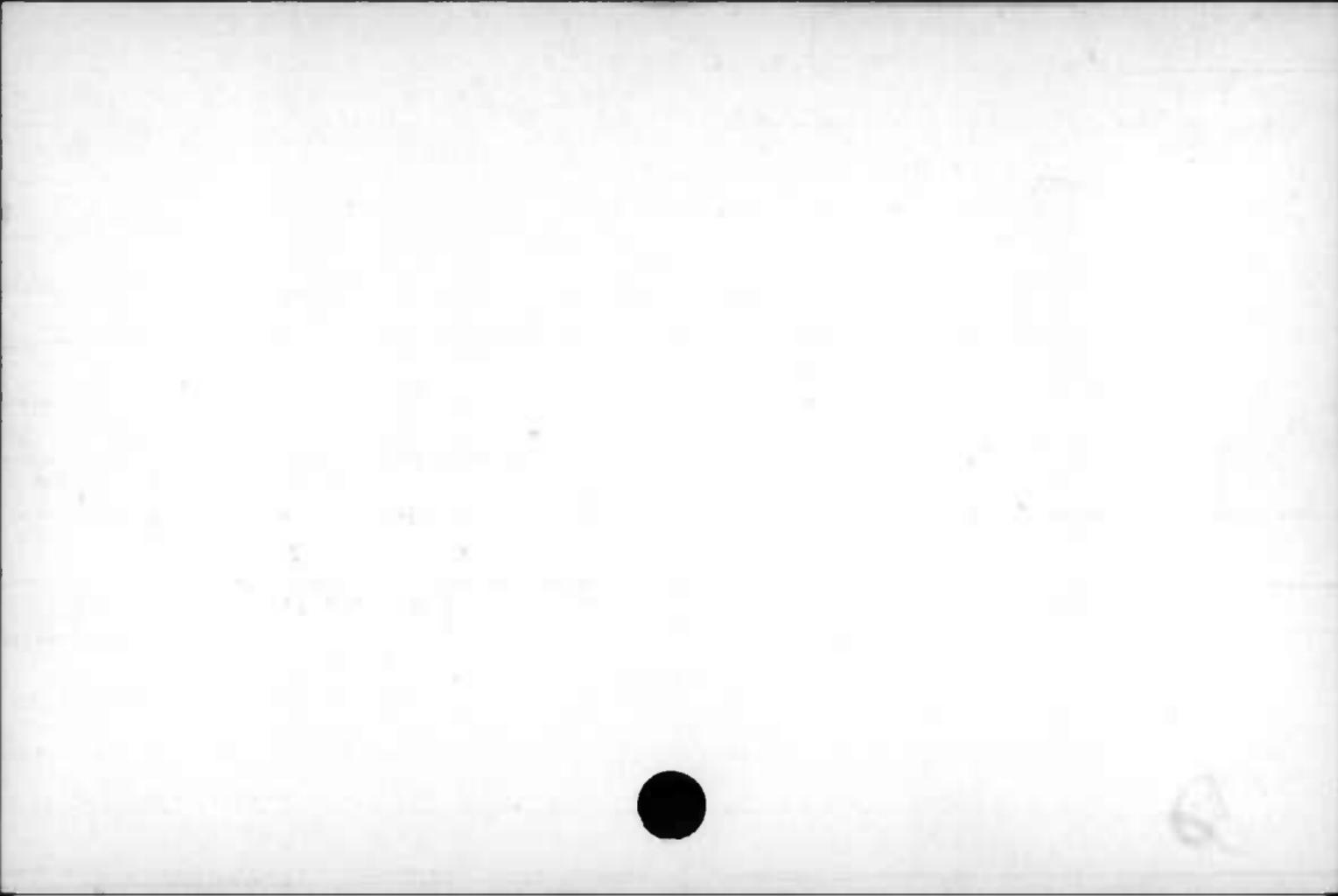
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Color or Race	Cold
Occupation	School Teacher	Where Residing if not at place of death	
Married, Single or Widow	Name of Wife or Husband	Father's Birthplace	
Father's Name	Not Known	Mother's Birthplace	Va
Mother's Maiden Name	Elizabeth Scott.	How related to deceased	Son Father
Name of person giving information	Beny Watkins		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis	(91)	How long	5 week
Immediate	Cardiac Asthme		How long	24 hr
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. J. Maufeldt	
		Address	Salisbury Md	
J				
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Kalum Semenick				MARYLAND			
Died at		Town	County				
Date of death	1907	Month Jan	Day 26	Years 25	Months 8	Days 18	
Sex	Male	Color or Race	white	Birth-place Russia			
Occupation	Laborer			Where Residing if not at place of death Sparrow Point			
Married, Single or Widowed	Married	Name of Wife or Husband Unknown					
Father's Name	Mr. John Semenick			Father's Birthplace Russia			
Mother's Maiden Name	Tylone Filacook			Mother's Birthplace Russia			
Name of person giving information	Joe Blaw			How related to deceased None			
CAUSES OF DEATH							
Primary	Fell from platform and fractured skull.			How long			
Immediate				How long			

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

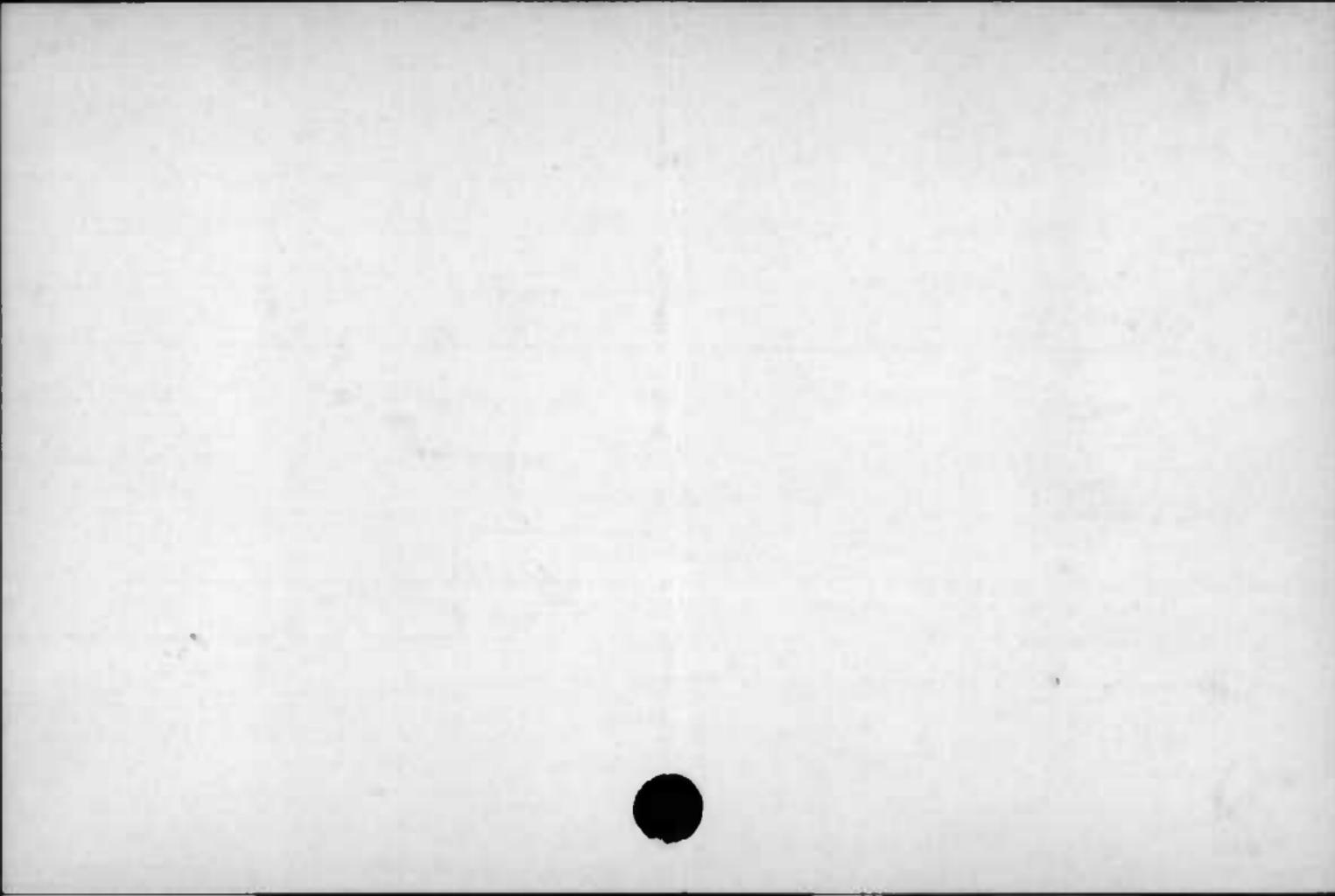
Yes

Signature of Physician

Address

for Blaw J. P.
Sparrow Point
Md.

Accident



Name
in
Full

Annie Mary Shaw

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Black	Birth-place	Maryland	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Husband	Moses Shaw			
Father's Name	Abraham Howard			Father's Birthplace	Md	
Mother's Maiden Name	Marianda Berry			Mother's Birthplace	2nd	
Name of person giving Information	Ray Shaw			How related to deceased	Stepson	

CAUSES OF DEATH

Primary *Pitthisis* (2) How long

Immediate *Exhaustion from Pneumonia* (2) How long 12 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Willard Sterling
Shaw

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Shumpert
Freelands Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

1907 January 7 63 3
Male of Oelite Germany
Farmer
Married Mary C. Kelley
Unknown Germany
Mrs Joseph Shumpert.
Woronlly Heart 79
Heart Failure Sudden
Are the name, age, sex, color, date and place correctly given above?
Signature of Physician
Address

CAUSES OF DEATH

Primary

Woronlly Heart 79

How long

1 month

Immediate

Heart Failure

How long

Sudden

Are the name, age, sex, color, date and place correctly given above?

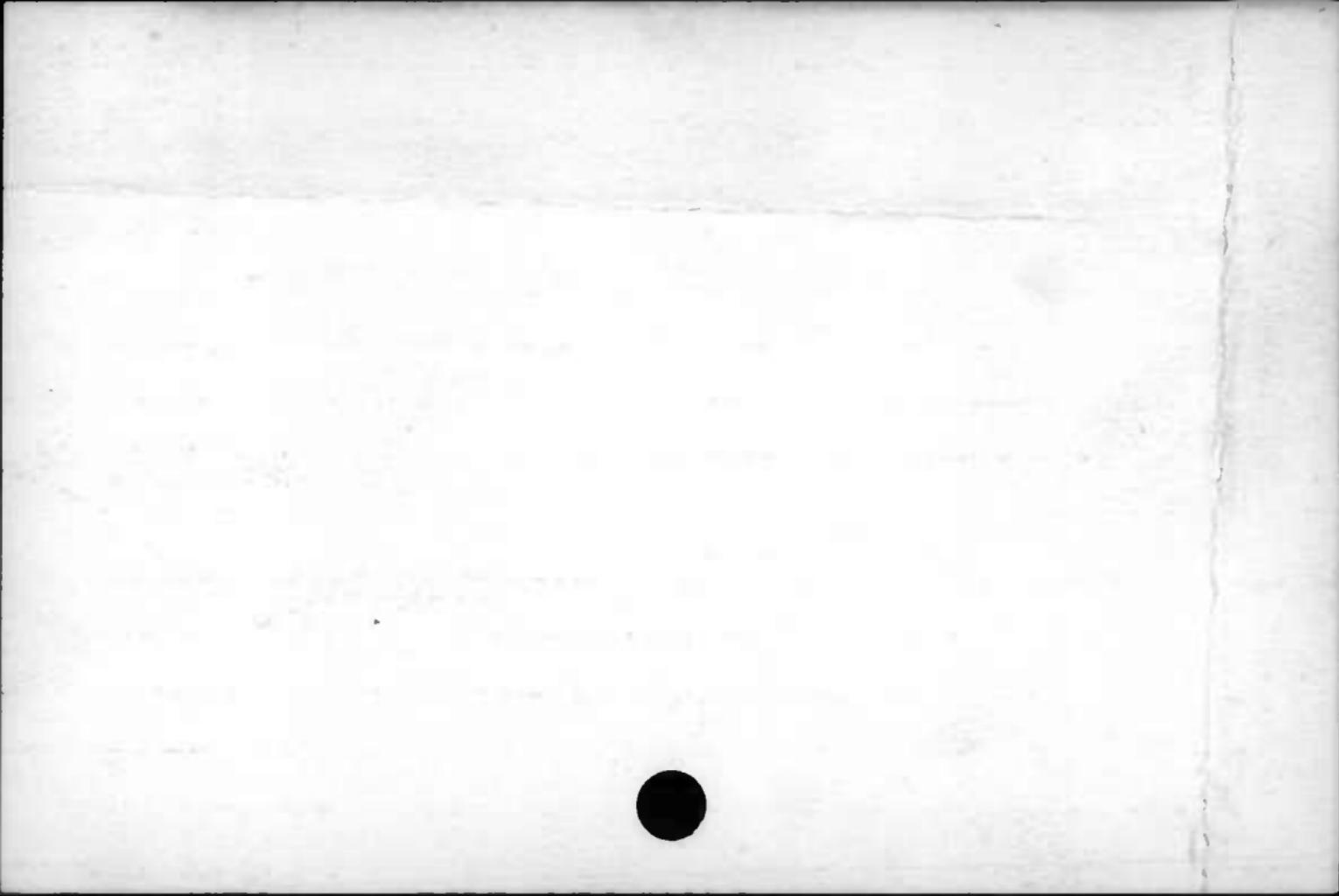
Signature of Physician

Address

Groffline
New Freedman Rd

8

Accident or Suicide?



Name
in
Full

Aura Maria Siems

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth- place		
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

Housewife Joshua Siems
Widowed Henry Thansbury
Dont know Don Stewett

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Spinalesia



How long

5 days

Immediate

General failure

How long

2-3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

G.B. Mitchell
Moulton, Md.

Accident or Suicide?



Name
in
Full

Charles E. Slade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Owings Mills	Baltimore					
Date of death	Month	Day	Years	Months	Days	
1907	Jan	26	50	—	—	
Sex	Color or Race	Where Residing if not at place of death	Birth-place			
male	white	Baltimore Co., Md.				
Occupation	Labourer					
Married, Single or Widowed	Name of Wife or Husband	anthony				
widower	anthony					
Father's Name	Daniel Lee Slade					Father's Birthplace
Mother's Maiden Name	Elizabeth Oaren					Mother's Birthplace
Name of person giving information	Lee Slade					How related to deceased
21						

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	18 mos.
Immediate	Mitral Stenosis	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. M. Slade
		Address	Reisters Town Md.
8			
Accident or Suicide?			

PHYSICIAN
OR CORONER

E. D. Salley
Pleasant Hill.

Name
in
Full

Ruth Ann Slade

CERTIFICATE OF DEATH

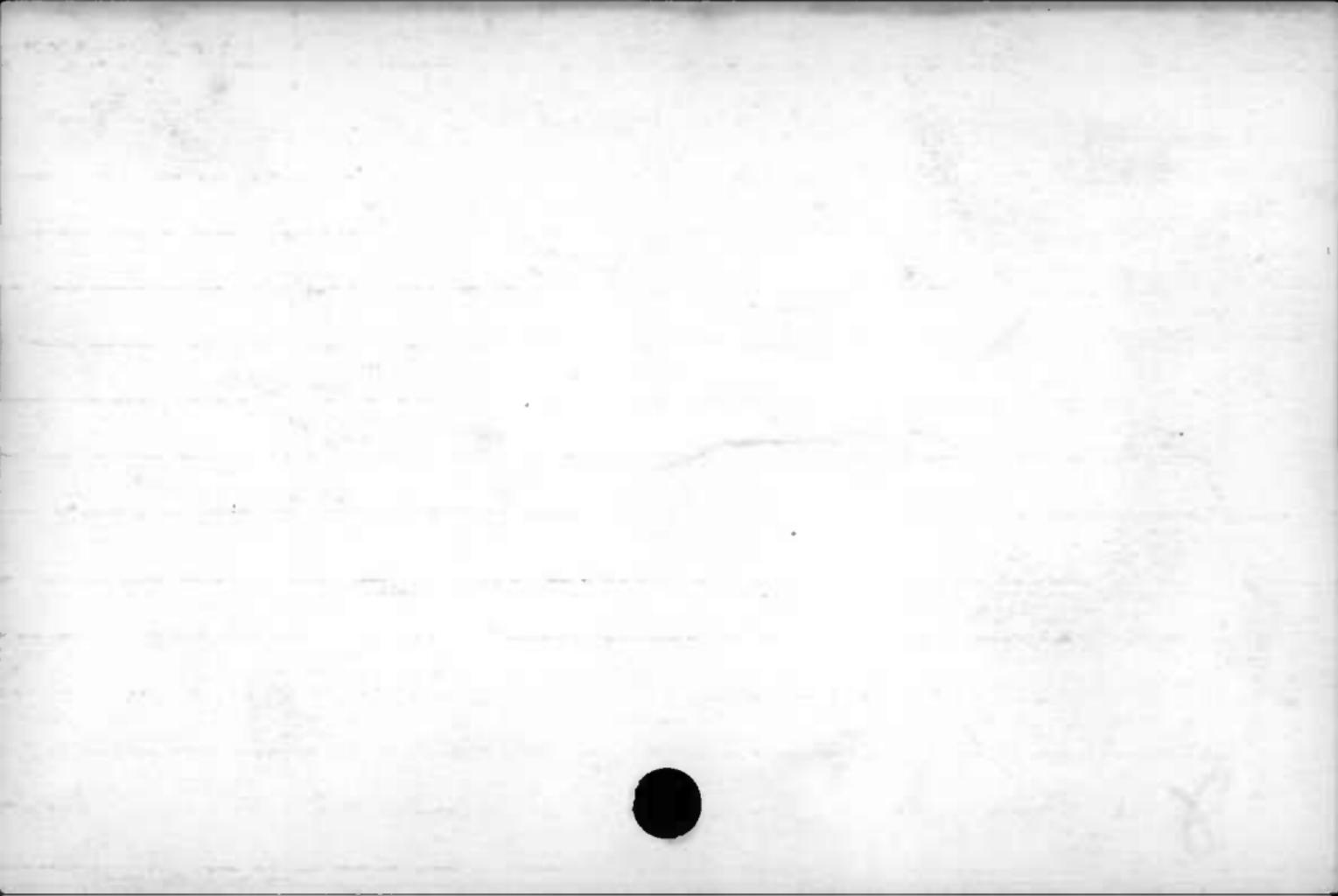
TO BE ANSWERED BY
NEAREST FRIEND

Died at	near White Hall		County	Baltimore	
Date of death	Month	Day	Years	Months	Days
Sex	Female		Color or Race	White	
Occupation	none		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Husband	Abraham Slade		
Father's Name	Benjamin Almouy			Father's Birthplace	Md.
Mother's Maiden Name	Ruth Sutton			Mother's Birthplace	Md.
Name of person giving information	Caroline Almouy			How related to deceased	Aun

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rectal Sarcoma		How long	3 years
Immediate	Anæmia		How long	2 years.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Willard Shain	
Address			Shain Balt. Co., Md.	
Accident or Suicide?				



Name
in
Full

Edna Grace Slambaker.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	St. James	Baltimore			
Date of death	Month	Day	Years	Months	Days
1907	1	4	9	4	16
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	School Girl	Where Residing if not at place of death			
Married, Single or Widowed	Single	Harrington			
Father's Name	Wm Slambaker	Father's Birthplace			
Mother's Maiden Name	Katie Tracey	Ind			
Name of person giving information	Wm Slambaker	Mother's Birthplace			
		How related to deceased			
		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

9

How long

7 days

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

Address

Chilmer C. Enoor D.D.

Cockeysville
Md.

Accident or Suicide?

Interment at
Warren Cemetery
Jan 4th 07

W. C. Brooks

Name
in
Full

Ella Nora Cypress Elizabeth Smith

CERTIFICATE OF DEATH

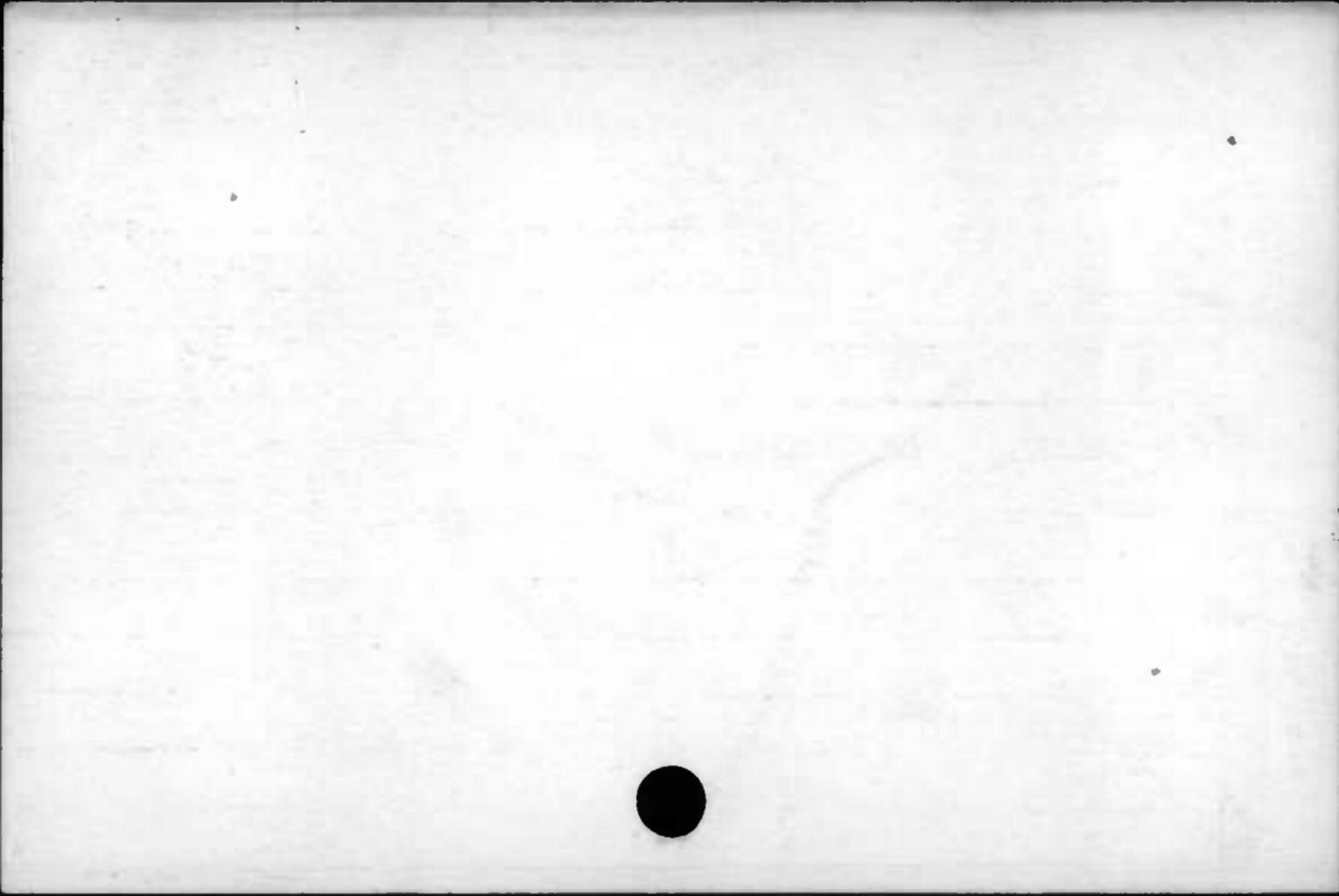
To BE ANSWERED BY
NEAREST FRIEND

Died at	Shane	Town	Elizabeth Smith	County	MARYLAND							
Date of death	1907	Month	January	Day	17	Years	Age	28.	Months	7.	Days	2.
Sex	Female	Color or Race	colored	Birth-place	Md.							
Occupation	general house work	Where Residing if not at place of death	In New York.									
Married, Single or Widowed	Single	Name of Wife or Husband	- - -	Father's Birthplace	- - -							
Father's Name	Bastard	Mother's Birthplace	- - -									
Mother's Maiden Name	Rachel Ann Smith	Mother's Birthplace	Md.									
Name of person giving information	Maud A. Harris	How related to deceased	Assista									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Two months
Immediate	--	How long	--
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	W. F. Danner
		Address	Stewartstown, Pa.
Accident or Suicide?	No		



Name
in
Full

Female Infant of David + Elizabeth Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Baltimore	Baltimore		Months	Days	
Date of death	Month	Day	Years	Months	Days
1907	Jan	10	—	—	—
Sex	Color or Race	Birth-place			
Female	White	Baltimore			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	David E Smith	Father's Birthplace	Baltimore		
Mother's Maiden Name	Elizabeth Smith	Mother's Birthplace	"		
Name of person giving information	David E Smith	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Birth. How long

Immediate How long

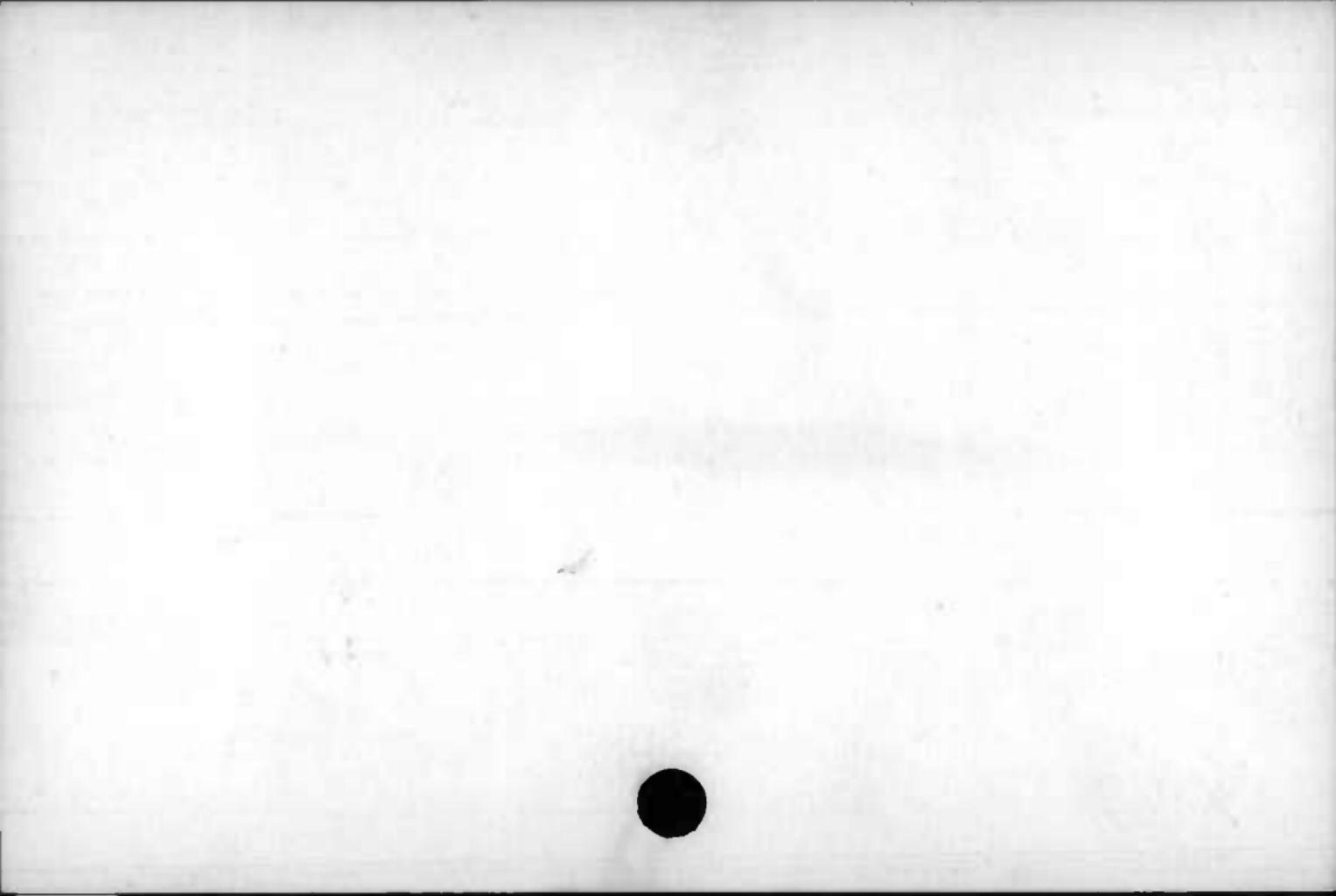
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D W. Stutts M.D.
Catawbaelli Ind

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(Smith) John W.

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place	
Occupation	X			
Married, Single or Widowed	Name of Wife or Husband	X Annie W. Smith		
Father's Name	Robert K. Smith			
Mother's Maiden Name	Sallie A. Betty			
Name of person giving Information	X ✓ 19			

CAUSES OF DEATH

Primary

Senile Dementia

How long

+ yrs.

Immediate

Valvular Dis of Heart

How long

process.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

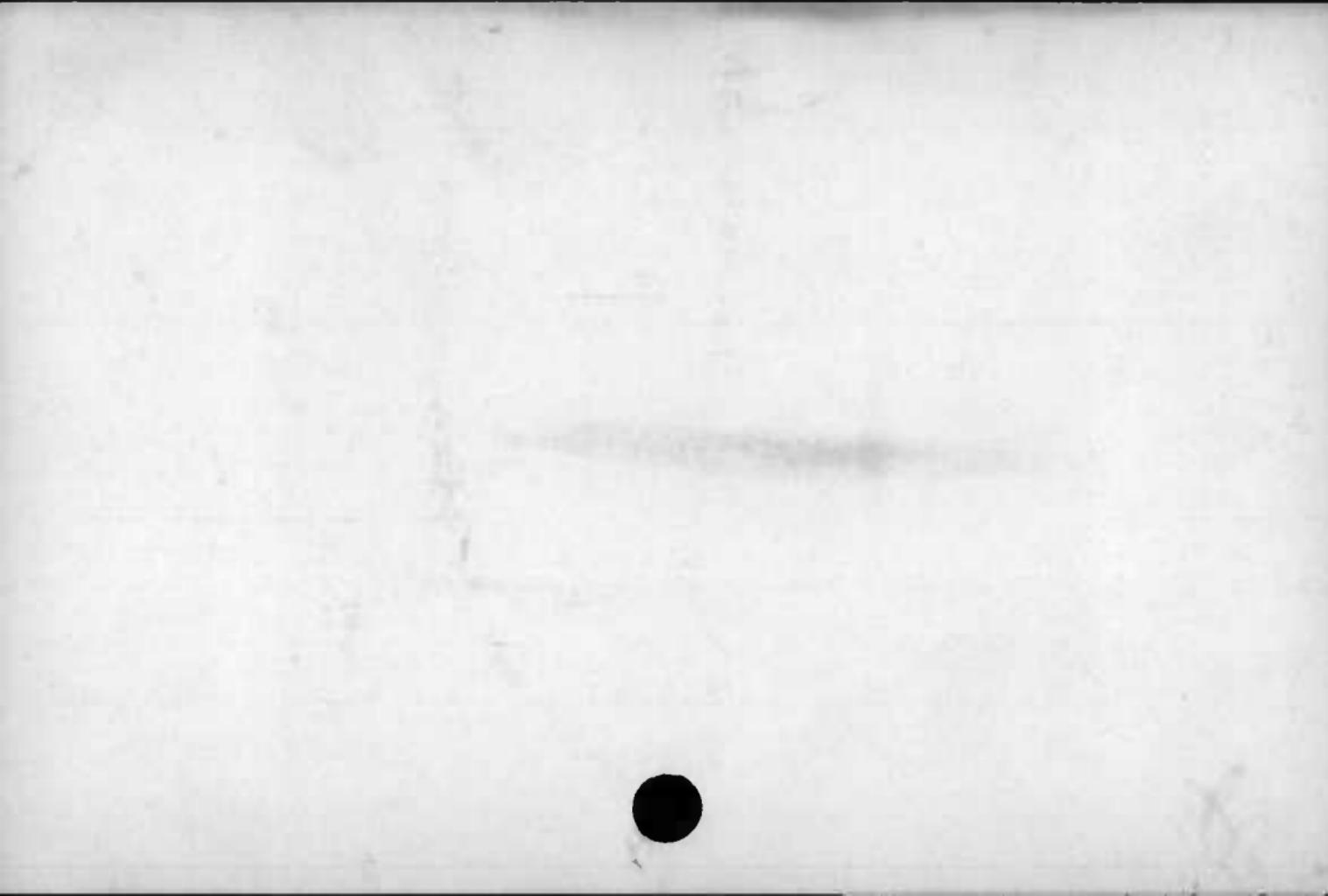
Address

J. H. Nader
Laurelsville, Md

8

Accident or Suicide?

No.



Name
in
Full

William Henry Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at <u>Lodopinella</u>	Month	Day	Years	Months	Days
Date of death <u>1907 Jan</u>	<u>15</u>	<u>Age 43</u>	<u>11</u>		
Sex <u>Male</u>	Color or Race	<u>Colored African</u>			
Occupation <u>Quongman</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	<u>Anna Lissitt Smith</u>			
Father's Name	<u>John Smith</u>			Father's Birthplace	<u>Bethelum</u>
Mother's Maiden Name	<u>Catharine Hills</u>			Mother's Birthplace	<u>Longtown MD</u>
Name of person giving information	<u>Anna Lissitt Smith</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	Acutr Caseous Pneumonia	How long	<u>Sunday 8th 1907</u>
Immediate	Acutr Caseous Pneumonia	How long	<u>7 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Dr. D. P. Benson</u>
		Address	<u>Md</u>
Is death due to Accident or Suicide?			

Inlement at Tools
Bill bokeh sole
Balls ls

Wm C. Brooks

Name
in
Full

A still born male infant Sowes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died <u>Garrison</u>	County <u>Baltimore</u>	MARYLAND			
Date of death <u>1907</u>	Month <u>1</u>	Day <u>5</u>	Years <u>-</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth- place <u>Garrison</u>			
Occupation <u>Gasco work None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband	Father's Birthplace <u>Balt City</u>			
Father's Name <u>Henry E. Sowers</u>	Mother's Birthplace " "				
Mother's Maiden Name <u>Emma Elizabeth</u>	How related to deceased <u>Mother</u>				
Name of person giving Information <u>Emma Grace Hais</u>					

CAUSES OF DEATH

Primary <u>dead in uterus Placenta Previa</u>	How long
Immediate <u>Oodalic Version</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. C. Marrenbury</u>
	Address <u>Garrison</u>
Accident or Suicide?	

PHYSICIAN
OR CORONER

Permil for burial
given to Farhir.

Henry E. Powers

Burial in family lot
on the Farm where
residing

R. C. Massenburg

Name
in
Full

William Henry Sparrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died et Date of death	Town Month	Day	Years	Months	Days
1907	Jan	16	65	—	—
Sex	male	Color or Race	white	Birth- place	Washington
Occupation	Mechanic	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Charlotte M. Sparrow	Father's Birthplace	Unknown
Father's Name	Kinsey Sparrow	Mother's Maiden Name	Charlotte Nathan	Mother's Birthplace	Frederick
Name of person giving Information	Will Sparrow	How related to deceased			
		Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Respiritis

64

How long

Immediate

Appendix

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

R. T. Glenn
Mt. Winans
Md.

J

Accident or Suicide?

Rob. E. Brooks
Sons.

Soudan Park

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Spear, Katharine Grove

CERTIFICATE OF DEATH

Died at Roland Park

Town Baltimore

County

MARYLAND

Date of death 1907

Month January

Day 16

Years

Age 34

Months

8

Days

7

Sex Female

Color or Race

White

Birth-place

Baltimore

Occupation

Non

Where Residing if not
at place of death

Roland Park.

Married, Single
or Widower

Single

Name of Wife or Husband

Father's Name

Lewis O Spear

Father's Birthplace

Baltimore

Mother's Maiden Name

Sara G Roberts

Mother's Birthplace

Baltimore

Name of person giving
Information

Lewis O Spear

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulmon. tuberc. compl. by Chronic Bright's

How long

Tuberc. - 9 yrs.

Immediate

Uremia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Lillian Welsh.

Address

The Armada, Balt'.

PHYSICIAN
OR CORONER

J

Accident or Suicide?

Lewis F. Schaeffer

316 Greenmont Ave
Greenmont ~~center~~,

Greenmont ~~center~~,

Name
in
Full

Steinbacher

CERTIFICATE OF DEATH

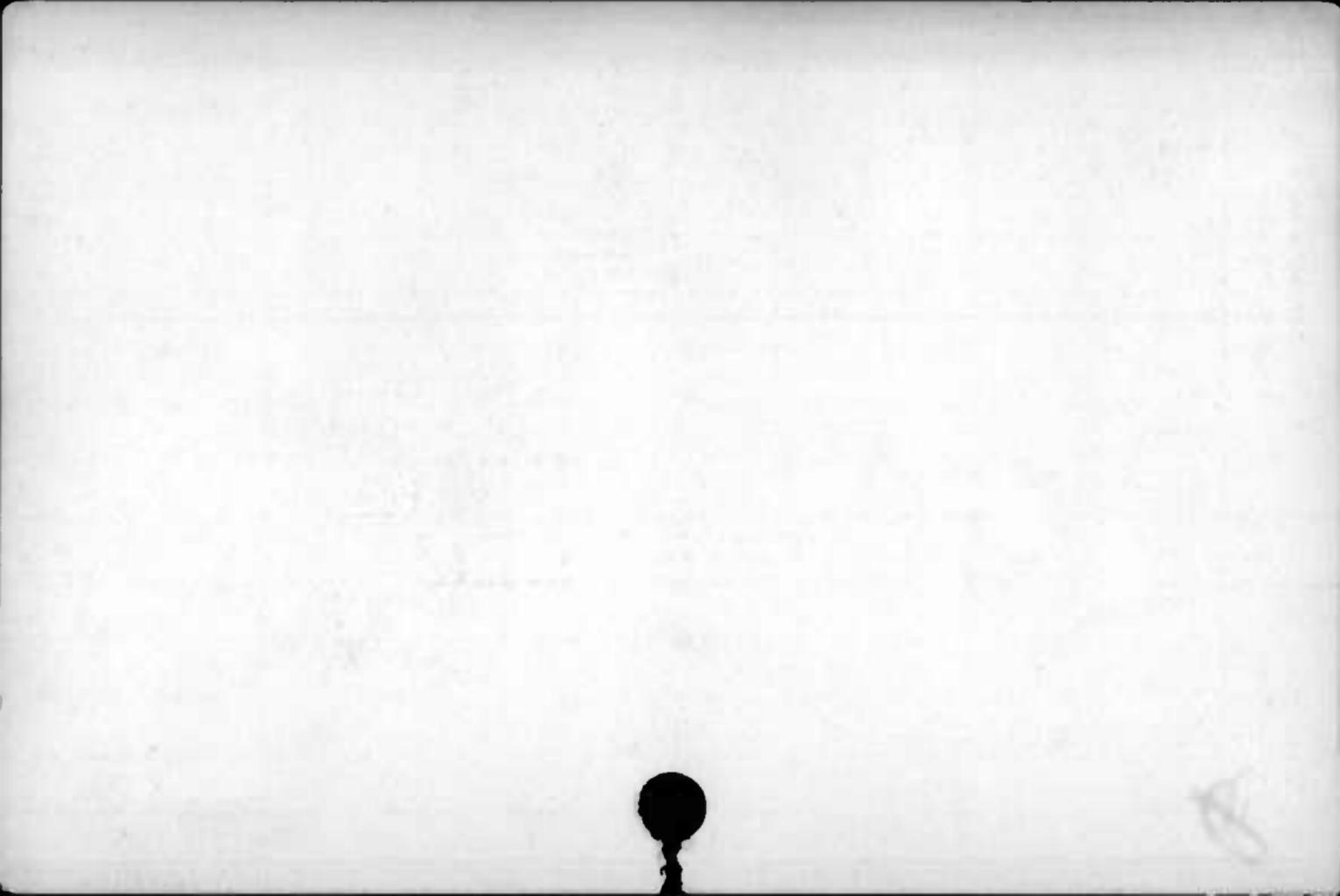
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month Jan.	Day 28	Years	Months 4	Days 10
Sex Female	Color or Race white		Birth-place Abing			
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Geo. Steinbacher			Father's Birthplace		
Mother's Maiden Name	Clara Steipert			Mother's Birthplace		
Name of person giving Information				How related to deceased.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia - Triching		93	How long About 4 weeks.
Immediate	of pneumonia.			How long Several hours.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Lingard Whitford	Address Fullerton, Md.
J. best from my knowledge				
Accident or Suicide?				



Name
in
Full

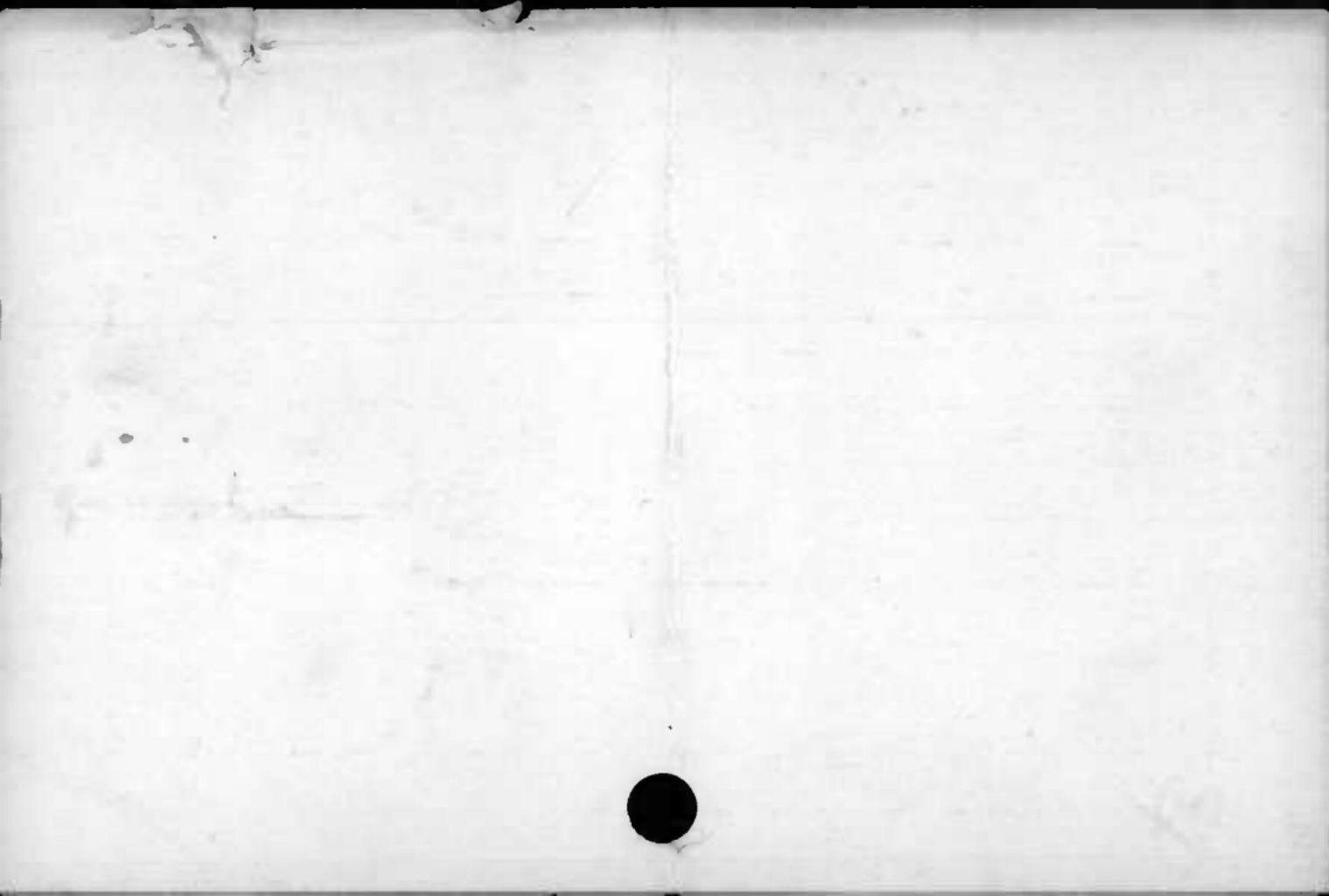
Catherine Stewart

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth- place	Julian
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Stewart				
Mother's Maiden Name	dab. Brown				
Name of person giving Information	Katie Smith				
CAUSES OF DEATH					
Primary	General debility (10)				
Immediate	(La. Grippe)				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician				
Address	D. G. Benson				
Accident or Suicide?	Rockville Md.				

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles S. Starnes.

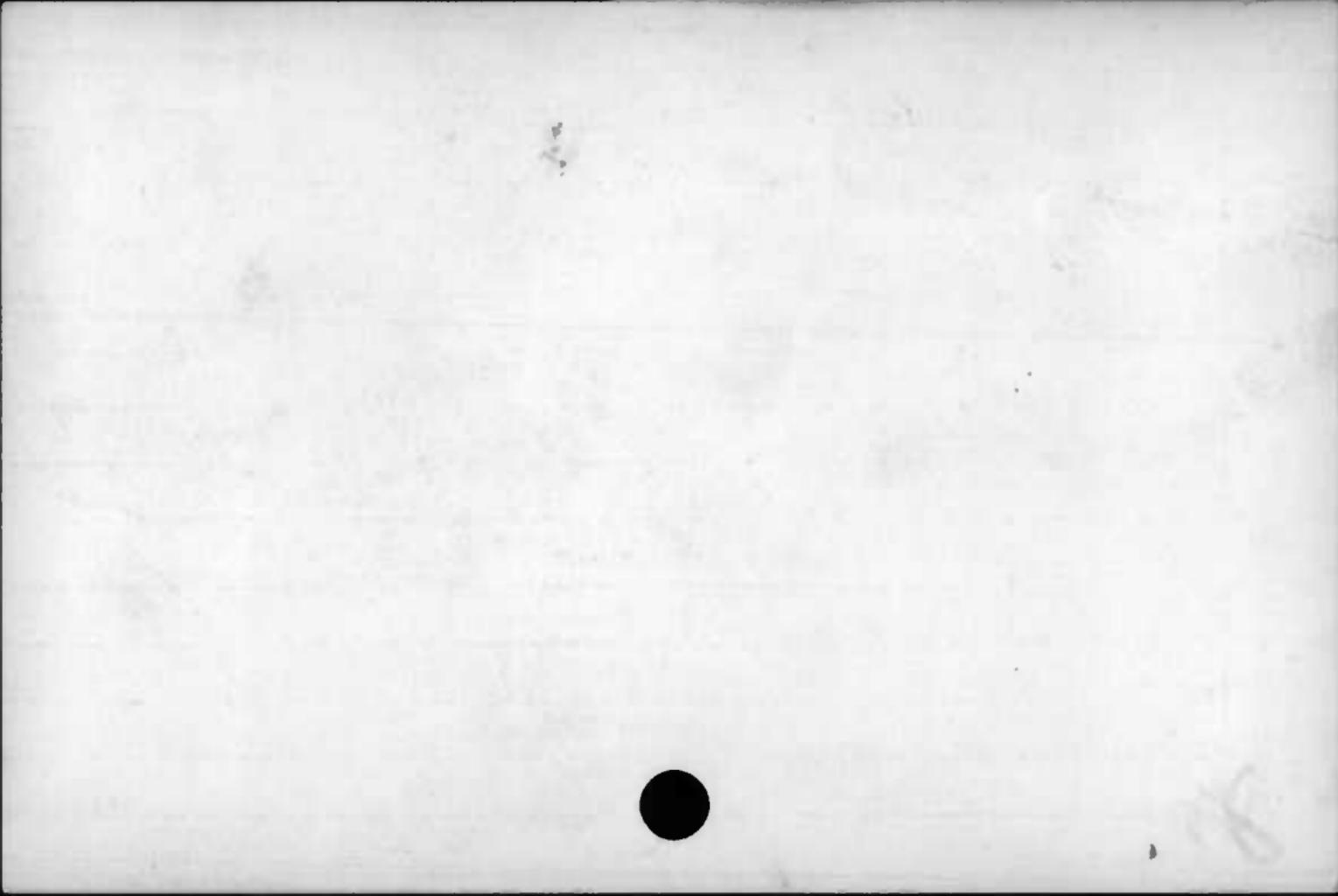
CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1907	Month 1	Day 27	Years 65	Months 1	Days 2
Sex Male	Color or Race White	Occupation Farmer	Birth-place York Pa.		
Married, Single or Widowed Married	Sarah Starnes				
Name of Wife or Husband					
Father's Name	Do not know				
Mother's Maiden Name	" " "				
Name of person giving information	Sarah Starnes				

CAUSES OF DEATH

Primary	Heart Disease	How long 2 years.
Immediate	Paralysis	How long 18 days.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Dr. R. Albright M.D.
		Address Elmer Rock Rd.
Accident or Suicide?	R. F. D. H.	

J



Name
in
Full

Violet Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	80
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Son	
Father's Name	Singly		
Mother's Maiden Name	Dont know		
Name of person giving information	H. J. Hitt		

(176)

CAUSES OF DEATH

Primary Cause: Faulking Suffocation falling
How long
How long

Immediate Cause: on face in mud

Are the name, age, sex, color, date and place correctly given above?

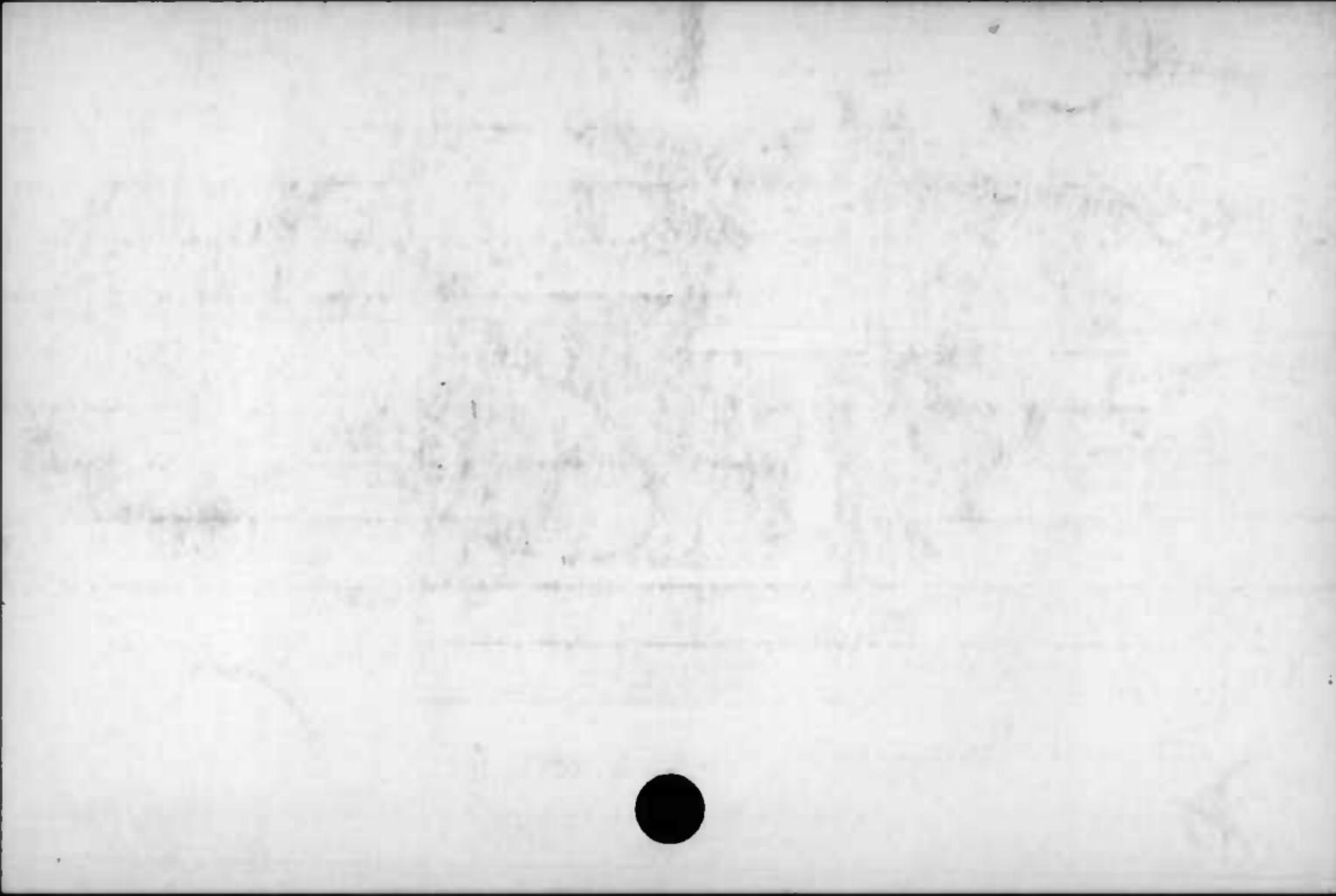
Signature of Physician

Address

H. J. Hitt Ind
Randallstown
Ind

J

Accident or Suicide?



Name
in
Full

Sophie Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Charles Thomas			
Father's Name	James War				
Mother's Maiden Name	Jacobs War				
Name of person giving information	Charles Thomas				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Fatty degeneration of heart
Immediate Progressive heart failure

How long -

Are the name, age, sex, color, date and place correctly given above?

How long

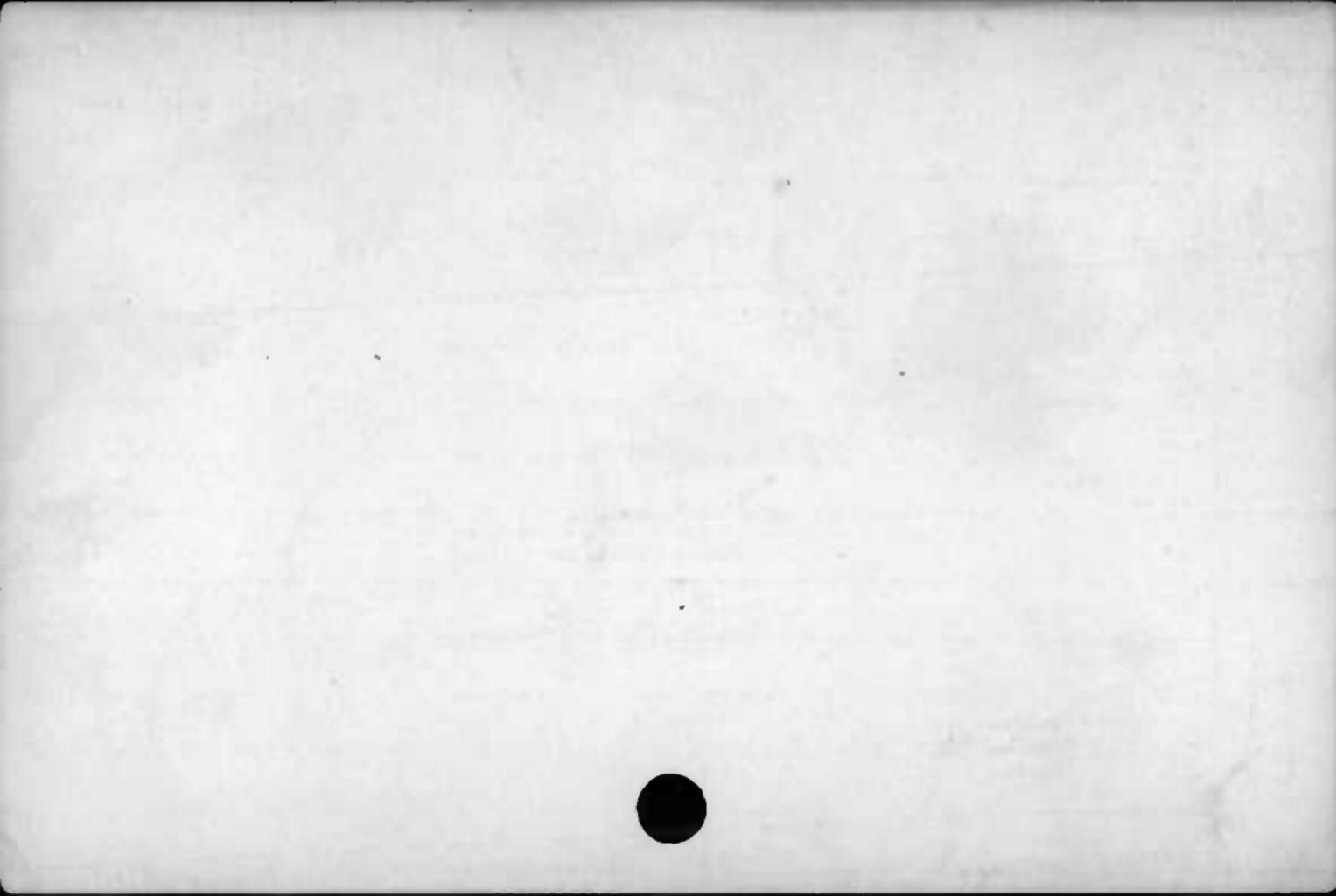
3 days

Signature of Physician

Address

J. Chat Macmillan
Calverton
Md.

Accident or Suicide?



Name
in
Full

Still Born Truskans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

1907

Month

June

Day

9

Years

—

Months

—

Days

—

Sex

Female

Color or
Race

white

Birth-
place

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Lemond Truskans

Father's
Birthplace

Germantown

Mother's
Maiden Name

W.M. Truskans

Mother's
Birthplace

Germantown

Name of person giving
Information

Lemond Truskans

How related
to deceased

father

CAUSES OF DEATH

Primary

Still Born

How long

—

Immediate

Still Born

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Ferguson Green M.D.
Lowesey Ave.

Accident or Suicide?

Permit given to
father to carry the
body -

Name
in
Full

John H. Van Patten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Jan	Day 25	Age 8 hours	Months	Days
Sex	male	Color or Race	White	Birth-place	318 Hudson St	
Occupation	Where Residing if not at place of death					318 Hudson
Married, Single or Widowed	Name of Wife or Husband		James L. Van Patten			
Father's Name	James L. Van Patten		Father's Birthplace		N. Y.	
Mother's Maiden Name	Bertrude Ray		Mother's Birthplace		Md	
Name of person giving Information	James L. Van Patten		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth 7 mts

(5)

How long

-

Immediate

asphyxia

8 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. L. Burke

Address

3042 Hudson St

Accident or Suicide?

φ

Name
in
Full

Cornelius Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Catonsville

County
Balto

MARYLAND

Date
of death

1907

Month
Jan.

Day
22

Years
88

Months

Days

Age

Sex
male

Color or
Race

white

Birth-
place

Va.

Occupation

Clayman

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Margaret J. Walker

Father's
Name

Joseph Walker

Father's
Birthplace

Cumberland Va

Mother's
Maiden Name

Mary Wadson

Mother's
Birthplace

Cumberland Va

Name of person giving
Information

How related
to deceased

PHYSICIAN
OR CORONER

Primary

Senile dementia

CAUSES OF DEATH

154

How long
last year or so

Immediate

Nephritis following exp

How long
1 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

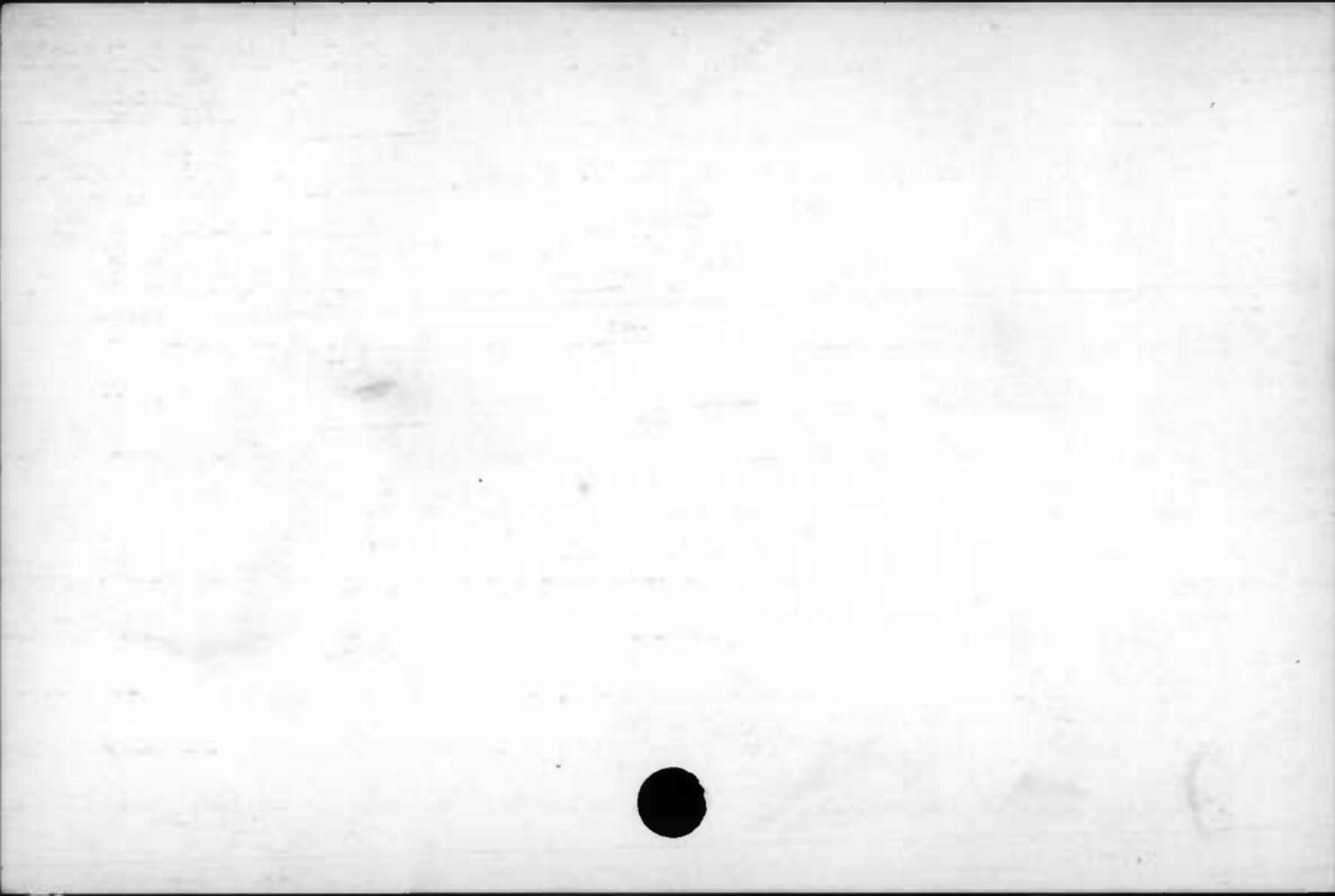
Signature of
Physician

Address

L. Rushmer White
Catonsville

Md

Accident or Suicide?



Name
in
Full

Metha Walter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 1907

Month

Day

Years

Months

Days

Jan.

31st

Age 41

6

9.

Sex

Female

Color or
Race

White

Birth-
place

Baltimore City

Married, Single
or Widowed

Widow

Occupation

House Work.

Name of Wife or
Husband

Father's
Name

Chas Schroder.

Father's
Birthplace

Germany

Mother's
Maiden Name

Elizabeth Cook.

Mother's
Birthplace

Baltimore Ind.

Name of person giving
Information

Augusta Munger,

How related
to deceased

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

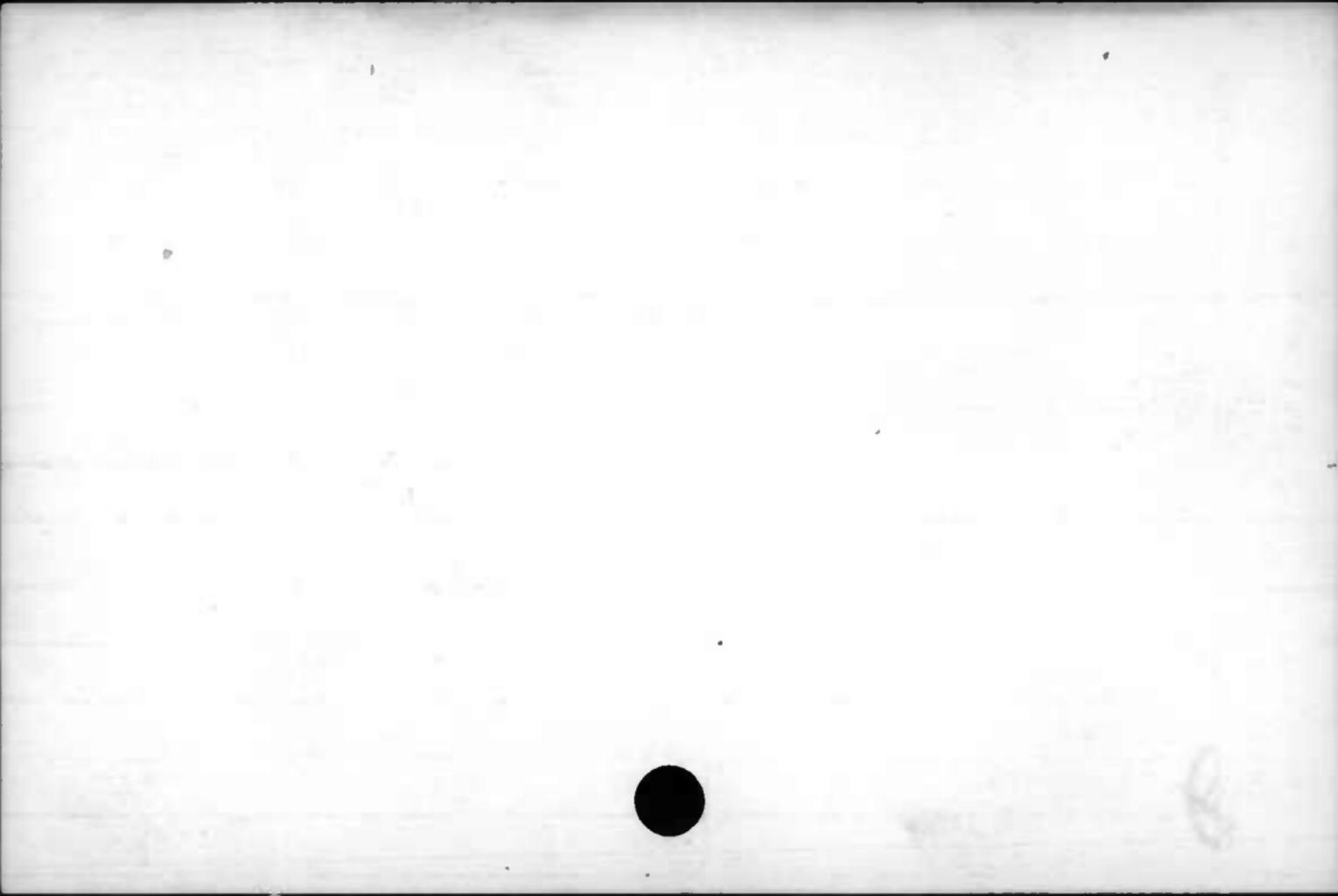
Wm. T. Whiteford

Address

Larkville, Ind.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Edward Thomas Ward,
Washington.

CERTIFICATE OF DEATH

MARYLAND

Died at

County

Date of death 1904 Month Day

Years

Months

Days

Age 52

.07

Sex male

Color or Race

white

Birth-place

Baltimore Md

Occupation

Grocery Merchant

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Eleanor Kate Ward.

Father's Name

Edward John Ward

Father's Birthplace

Baltimore Md

Mother's Maiden Name

Mary E. Tracy

Mother's Birthplace

Baltimore Md

Name of person giving
Information

Mr. Eleanor K Ward

How related
to deceased

wife

CAUSES OF DEATH

Primary

Influenza, pneumonia
Asthma

How long

Nine day.

Immediate

10

How long

three days.

Are the name, age, sex, color, date
and place correctly given above?

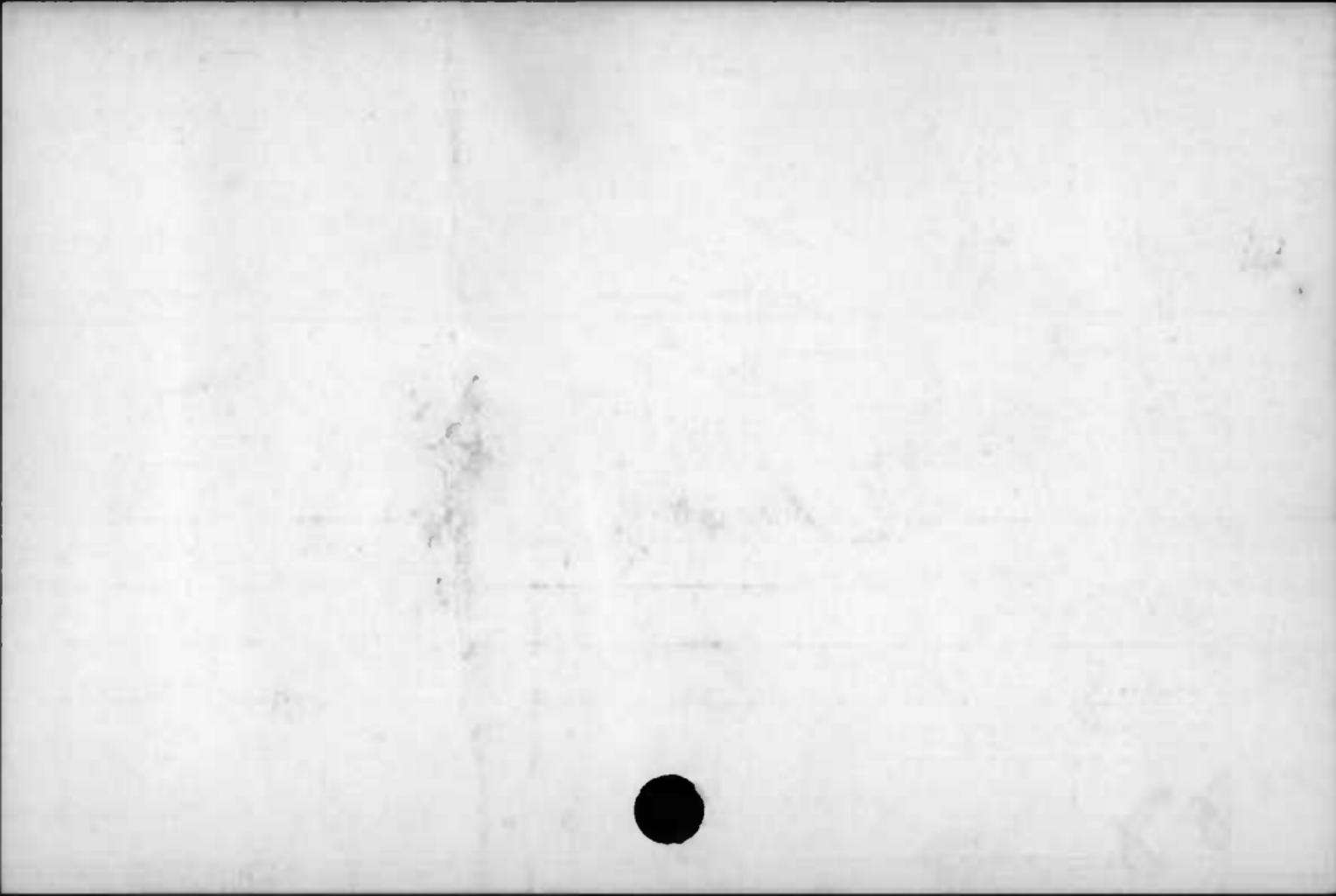
yes

Signature of
Physician

Address

William J. Ford
33 Washington Md

Accident or Suicide?



Thomas J Mays
Town County

Died at

Hamillin'

County
Baltimore

MARYLAND

Died at	Month	Day	Age	M. D.	Native of	Occupation
Hamillin'	Jan	28	62	Y	Maryland	Clerk
	Male	White	Married	Widow	Divorced	
	Female	Colored	Single	Widower	Number of children living	

Husband of

Wife

Father's

Name

Geo W Mays

(19) Mother's Name

Sam Wright

Cause of

Primary

Valvular Disease of Heart

How long sick

Death

Immediate

Exavation

Accident, Suicide, Homicide

Reported by

Edwin G Darling M.D.

Address

Limerick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister..

Removal to
502 E North
Ave

Wm Cook.

Name
in
Full

Weber, Charles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Mary. A. Weber.		
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

PHYSICIAN
OR CORONER

Primary

General Paroxysms
Exhaustion

(6)

How long

2 yrs.

How long

10 yrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

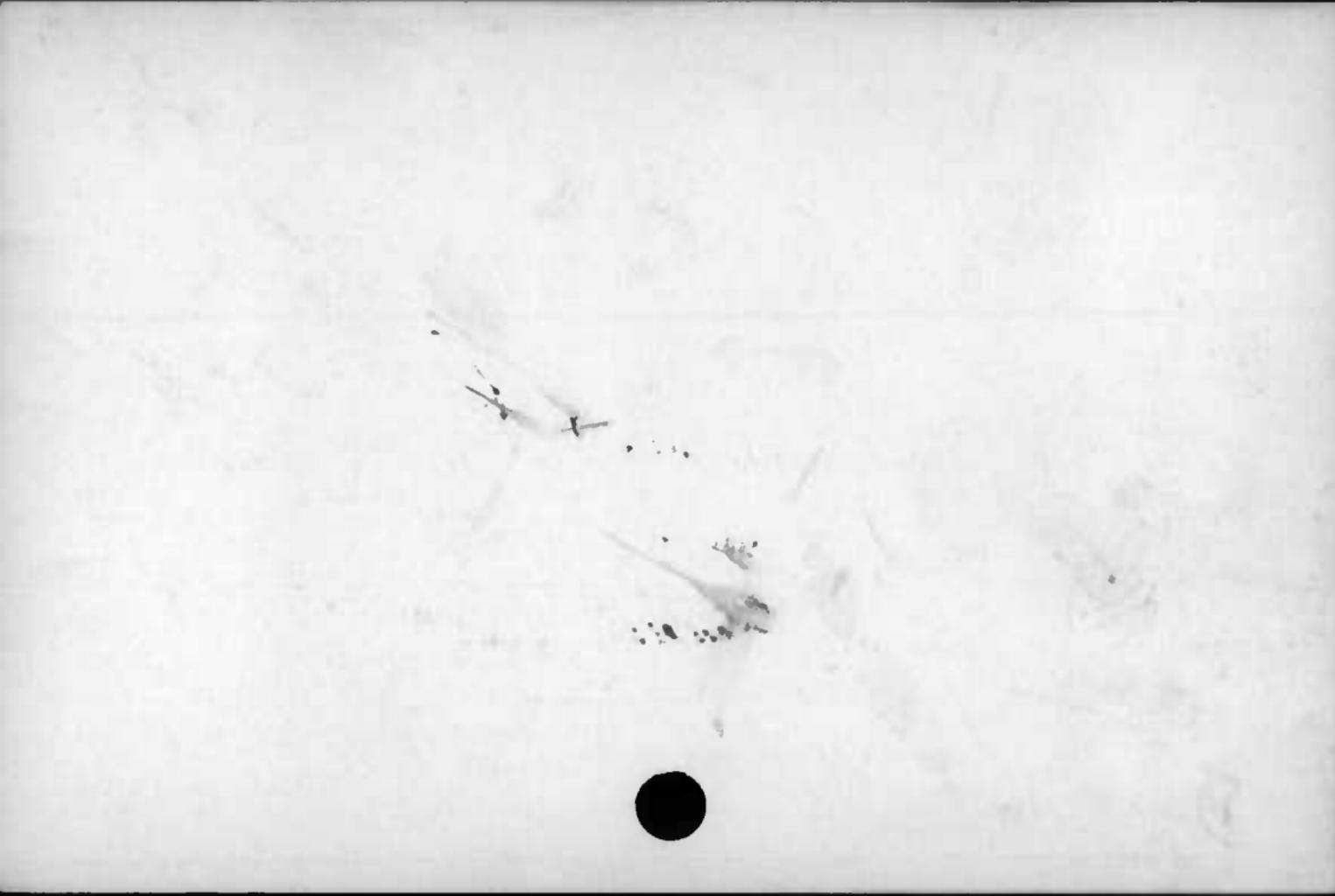
Signature of Physician

Address

Dr. G. Nade
Mechanicsville, Md

Accident or Suicide?

No.



Name
in
Full

Johan F. J. Wendt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Canton		County	Ballo.	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1907	Jan	8	58	58	3	24	
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Stenara		Where Residing if not at place of death	S.S. Batavia			
Married, Single or Widowed	Married	Name of Wife or Husband					
Father's Name	Not Known		Father's Birthplace	Foreign			
Mother's Maiden Name	"	"	Mother's Birthplace	"			
Name of person giving Information	R. Seidel		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Septicemia	(20)	How long
Immediate	Septicemia		How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			Address
Accident or Suicide?		no	J. J. Batavia.

1st Evangelical L. C.
H. Sander & Sons

Name
in
Full

Chas. Tom. Henzy -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fullerton</u>		Town	County <u>Baltimore</u>	MARYLAND	
Date of death 1907	Month Jan.	Day 10	Years	Months 8	Days
Sex <u>female</u>	Color or Race	<u>White</u>	Occupation	Birth-place <u>above</u>	
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name <u>Harry Nuss</u>					Father's Birthplace <u>Baltimore</u>
Mother's Maiden Name <u>Katherine E Leyke</u>					Mother's Birthplace <u>4</u>
Name of person giving information	<u>Father</u>				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Capillary Bronchitis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

90

How long

12 to 14 days

How long

several hours

Engard Whiting
Fullerton, Ind.

8

Accident or Suicide?

3rd 24.

Holy Redeemer.

Name
in
Full

Henry Melkman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Middle River		Count	Baltimore	MARYLAND	
Date of death	1907	Month Jan	Day 10	Age 70	Months	Days
Sex	Male	Color or Race	color	Birth-place	Md	
Occupation	Plasterer		Where Residing if not at place of death	→		
Married, Single or Widowed	Single	Name of Wife or Husband	Annie Melkman			
Father's Name	Melkman		Father's Birthplace	→		
Mother's Maiden Name	Melkman		Mother's Birthplace	→		
Name of person giving information	Wm Melkman		How related to deceased	Son		

CAUSES OF DEATH

10

How long

10 days

How long

1 day

PHYSICIAN
OR CORONER

Primary

Grip

How long

10 days

Immediate

Asthma

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

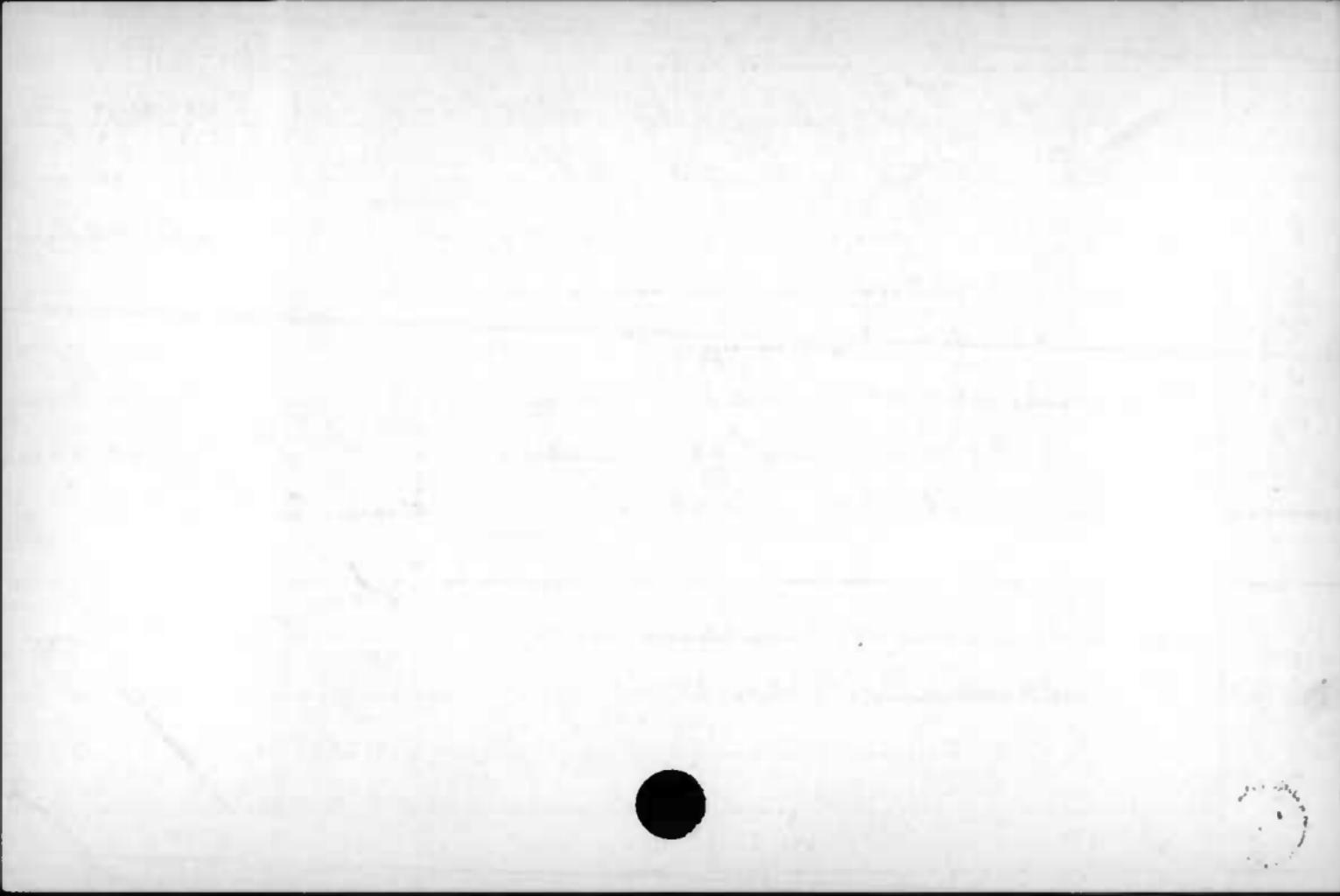
John E. Sauer MD

Address

Middle River Md

Accident or Suicide?

No



Name
in
Full

Eli McClellan Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Town Near Walkers County Baltimore

MARYLAND

Date of death 1907 Month 1 Day 2 Years Age 43 Months 5 Days 2

Sex Male

Color or
Race

White

Birth-
place

Walkers

Occupation

Where Residing if not
at place of death

no occupation

Walkers

Married, Single
or Widowed

Name of Wife or
Husband

Single

Father's
Name

John T. Wilson

Father's
Birthplace

Md

Mother's
Maiden Name

Hannah Walker

Mother's
Birthplace

Md

Name of person giving
Information

John T. Wilson

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Bronchitis (91)

How long

About 3 Months

Immediate

do.

do.

do

do

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Silas H. Hunter MD
Wiseburg Balto Co Md.

8

Accident or Suicide?



Name
in
Full

Dorothy M. Wortman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1907 Jan	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Sparrav Point	
Occupation	Where Residing if not at place of death			"	"	
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	J. T. Wortman			Father's Birthplace	Va	
Mother's Maiden Name	Ida Thompson			Mother's Birthplace	Md	
Name of person giving information	Rhoda Wortman			How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

(6)

How long

3 days

Immediate

cerebral congestion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

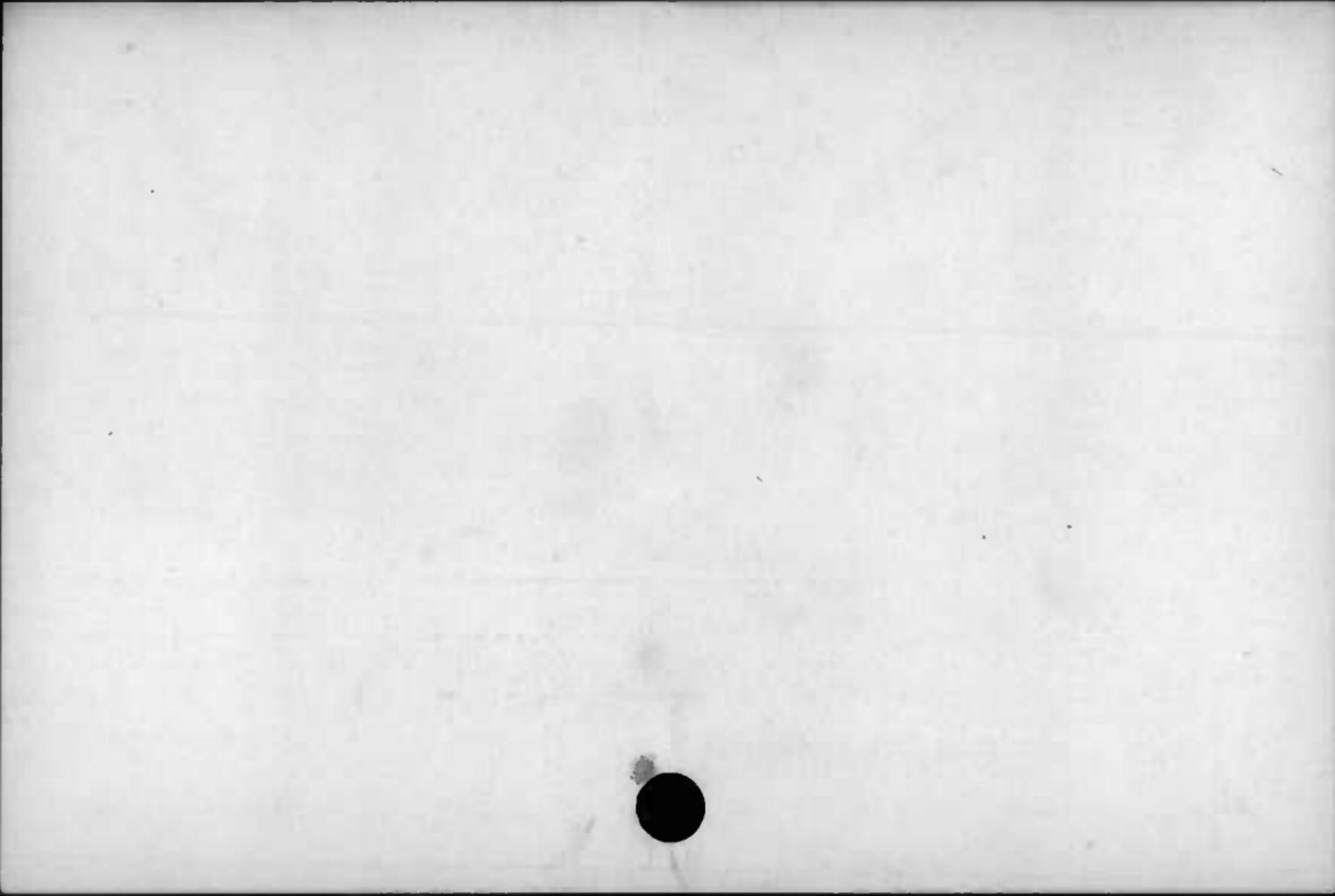
G. L. McCormick MD

Sparrav Point

Md

Accident or Suicide?

No



Name
in
Full

Harry W Yeatman

CERTIFICATE OF DEATH

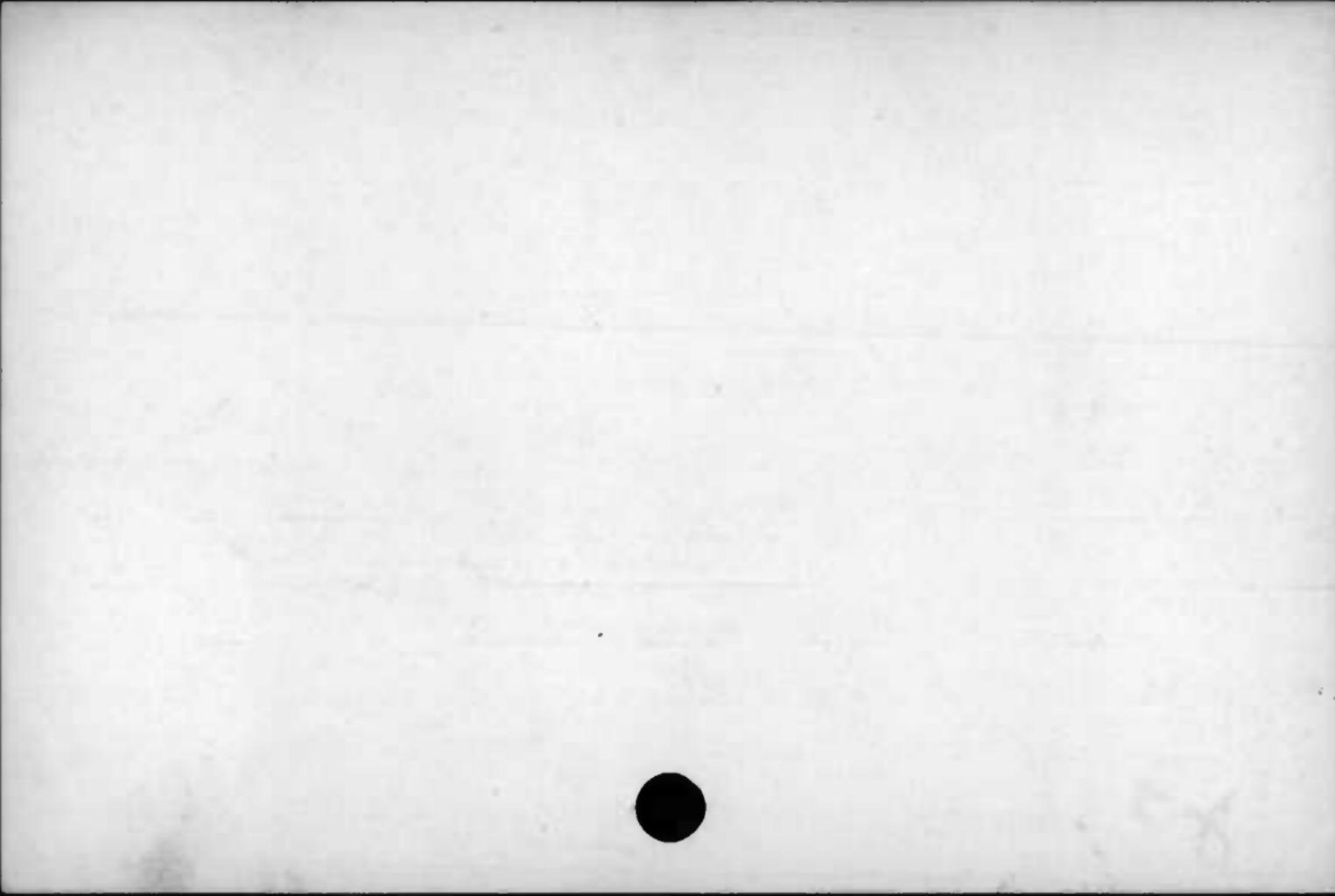
To BE ANSWERED BY
NEAREST FRIEND

Died at Lauraville		County Balti-		MARYLAND	
Date of death 1907	Month Jan	Day 18	Age 5	Months 7	Days
Sex Male	Color or Race White	Birth-place Lauraville			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Millard W Yeatman		Father's Birthplace Va		
Mother's Maiden Name	Clara E Billingsley		Mother's Birthplace Ind		
Name of person giving information	Millard W Yeatman		How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Meningitis		How long 61 days
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Thy. D. Coose
8		Address	Gardenville
Accident or Suicide?	W.M.		

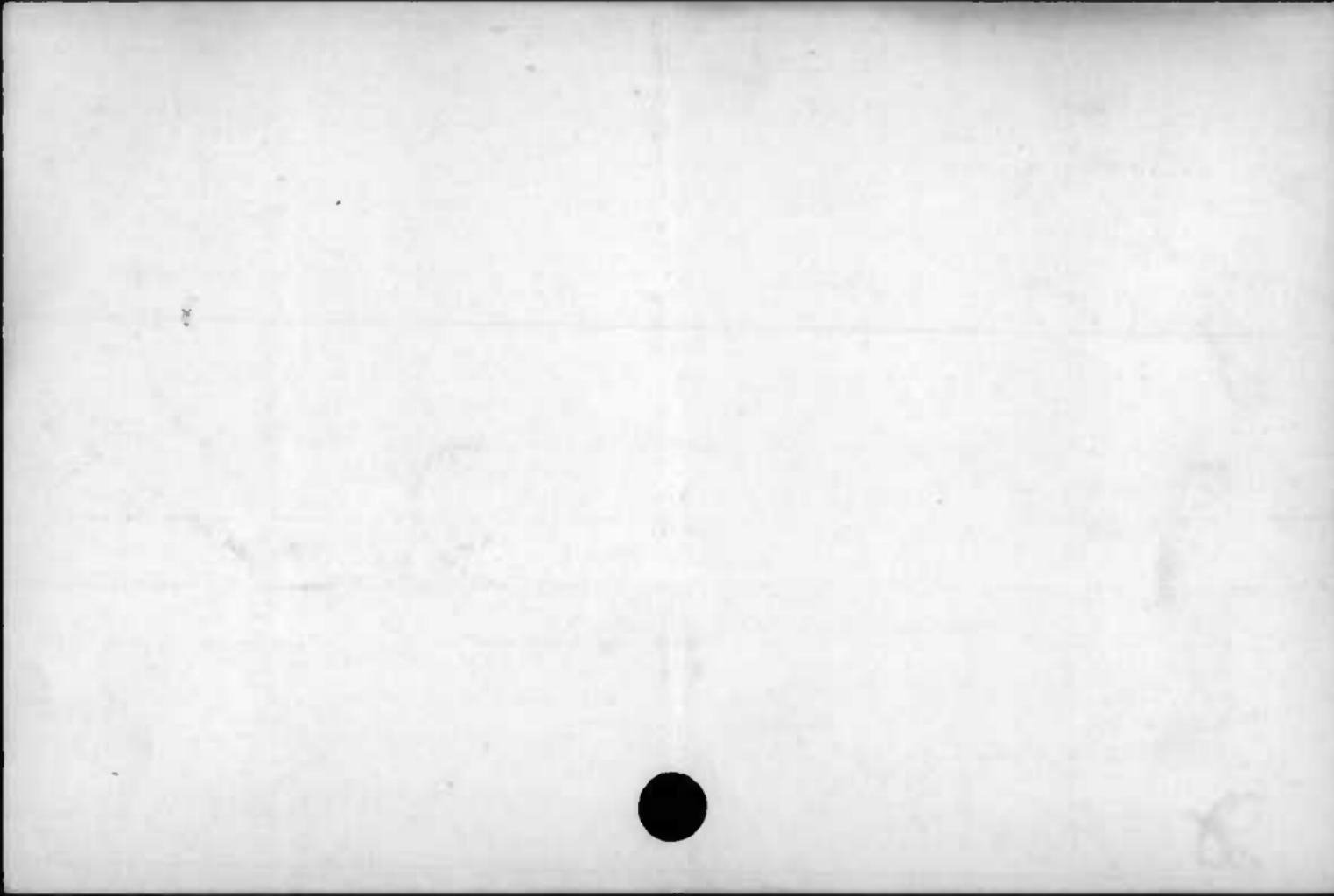


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Laura May Yeatman					CERTIFICATE OF DEATH		
Died at St Helena		Town	Baltimore		County	MARYLAND	
Date of death	1907	Month Jan.	Day 24 th	Age 3	Years	6 Months	Days
Sex	Female	Color or Race	white		Birth-place	Maryland	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	G. M. Yeatman						
Mother's Maiden Name	May Penrose						
Name of person giving information	G. M. Yeatman 93						
CAUSES OF DEATH							
Primary	Double Lobar Pneumonia						
Immediate	Exhaustion						
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	G. C. Mc Cormick MD		
Accident or Suicide?		no.		Address	Sparsnows Point Md		



Name
in
Full

John William Zapp.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at	Dorchester Height - Wm Balt.			County	MARYLAND	
Date of death	Month Jan.	Day 2 nd	Age 45	Years	Months 2	Days -
Sex Male	Color or Race White			Birth- place Baltimore		
Occupation Labour	Where Residing if not at place of death Dorchester Height -					
Married, Single or Widowed	Name of Wife or Husband				Father's Birthplace Germany	
Father's Name Jacob Zapp.				Mother's Birthplace Germany		
Mother's Maiden Name Wilhelmina Boehm				How related to deceased Sister		
Name of person giving Information Elizabeth Whalen						

CAUSES OF DEATH

Primary	Cerebro-Spinal Meningitis		How long	
Immediate	Convulsions And Exsanguination -		How long 3 days.	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician Frank H. Rubel		
		Address Lansdowne Md.		
g	Accident or Suicide?			

E. Sloane House
Western Century

Name
in
Full

Charles W. Giornemann

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month Jan.	Day 22	Years 8	Months 5	Days 30
Sex	Male		Color or Race	White		Birth-place Md.
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Henry Giornemann					
Mother's Maiden Name	Archie Jaier					
Name of person giving information	Amie Giornemann					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

Two weeks

Immediate

Meningitis

How long

one week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W-L Burke M.D.
3042 Hudson St
Baltimore Md.

Accident or Suicide?

Ont. Carmel Center
Zirkler & Zirkler
1739 E. Eager

Name
in
Full

unknown

X CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND
Date of death 1907 Jan	Month	26 Day	Years	Months Days
Sax	Color or Race	Age	Birthplace	
Married, Single or Widowed	Occupation			
Name of Wife or Husband				Father's Birthplace
Father's Name				Mother's Birthplace
Mother's Maiden Name				How related to deceased
Name of person giving information				

CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary

How long

Immediate

accident

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

By being run over by a train
of cars on the B & O railroad

Address

John Gettrick, cor.
Rossville Md.

Accident or Suicide?

